3 1928

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7914

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 358

City St. Joseph, (No. Mercy Hospital St. Ward)

2. FULL NAME Emma F Duncan

(a) Residence. No. St., Ward. Dearborn, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J Sterling Duncan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 17. 1866.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	1	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Platt County, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Richard Maupin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Catherine Meadows.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

14. INFORMANT J. Sterling (Address) Dearborn, MO.

15. FILED MAR 21 1928 19 John G. Jeth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March. 20. 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/11 1928, to 3/20 1928 that I last saw her alive on 3/20 1928, and that death occurred, on the date stated above, at 2/10. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chronic)

93 C

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Age

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dearborn Mo

3 DID AN OPERATION PRECEDE DEATH? Exploratory DATE OF 3/17/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) [signature], M. D

Mar. 20, 1928 (Address) Mercy Hospital St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dearborn, Missouri.

DATE OF BURIAL March. 22 1928.

20. UNDERTAKER N. O. Sidenfaden

ADDRESS 1802 Union Str