Y 29 1928

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

Do not use this space.

12289

File No. 77

Registered No.

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

2. FULL NAME: Haden Duncan
(a) Residence. No. Millersburg, Mo. St. ..... Ward: .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: amer.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Adelia Bright Duncan

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

7. AGE: Years 48 | Months 5 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Millersburg
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Wm Duncan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) near Millersburg
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Haden Duncan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Columbia
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Haden Duncan
(Address) Millersburg Missouri

15. FILED 4-28 1928 Blanche Grubb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1928

17. I HEREBY CERTIFY, That I attended deceased from June 10th 1928, to April 24 1928, that I last saw h. alive on April 24 1928, and that death occurred, on the date stated above, at 10 40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia - Puerperal 11A
Puerperal Thrombosis 109A
Eclampsia Thrombosis 110A
(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (SECONDARY) 110A
Chronic Pneumonia (duration) yrs. 1 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home in Cooper Co Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 11th 1928
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W.R. Shoop, M. D
, 19 (Address) Columbia 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: Columbia Cem
DATE OF BURIAL: 4-27 1928

20. UNDERTAKER: Pearce-McCleary
ADDRESS: Columbia

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Boone — Registration District No.: 73 — File No.: 77

Township: — Primary Registration District No.: 3006 — Registered No.:

City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Haden Duncan

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 18, 1879 (1879)

7. AGE: YEARS 48 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED June 13, 1928 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 24 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

CAUSE ..... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-12289