

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

Do not use this space.

19712

1. PLACE OF DEATH
 County Washington Registration District No. 887 File No. _____
 Township _____ Primary Registration District No. 45-38 Registered No. 43
 City Potosi (No. _____) St. _____ Ward _____

2. FULL NAME James Foman Duncan
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27-1875

7. AGE: YEARS 53 MONTHS 0 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

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

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

PARENTS

10. NAME OF FATHER G. B. Duncan
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) This Co.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Cynthia Martin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crawford
 (STATE OR COUNTRY) Co.

14. INFORMANT George Duncan
 (Address) Potosi, Mo.

15. FILED 5/10/38 Jos. L. Thurman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1938

17. I HEREBY CERTIFY That I attended deceased from Jan. 1, 1938, to May 9, 1938 that I last saw him alive on May 9, 1938, and that death occurred, on the date stated above, at 8:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? NO. DATE OF _____
 WAS THERE AN AUTOPSY? NO.
 WHAT TEST CONFIRMED DIAGNOSIS? Phy. Exam.
 (Signed) Jos. L. Thurman M. D.
5/10, 1938 (Address) Potosi, 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 Potosi, Mo. DATE OF BURIAL 5/11 1938

20. UNDERTAKER Sparks & Sparks ADDRESS Potosi

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.

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