

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

EC 29 1928

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

Do not use this space.

34220

1. PLACE OF DEATH
 County Miller Registration District No. 561 File No. _____
 Township Franklin Primary Registration District No. 5756 Registered No. 68
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME James 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Livonia Duncan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-9-1841
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
87 5 21 = 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) Colo Co., Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Duncan

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

12. MAIDEN NAME OF MOTHER Jane Hoflat

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not kn
 (STATE OR COUNTRY)

14. INFORMANT Lona Duncan
 (Address) Eldon Mo

15. FILED 12-10-28 Belle Haynes
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1928
 17. I HEREBY CERTIFY That I attended deceased from Jan 1st 1926 to Oct 10 1928
 that I last saw him alive on Oct 1st 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
 (duration) 2 yrs. mos. da.

CONTRIBUTORY Arteriosclerosis
 (SECONDARY) (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT IN PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Microscopic
 (Signed) E. G. Shelton M. D.
 , 19 (Address) Eldon 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 Eldon Cemetery DATE OF BURIAL 1911 19 28

20. UNDERTAKER W. A. Rilly's ADDRESS Eldon

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.

