

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

Do not use this space.

2243

1. PLACE OF DEATH

County Lawrence
Township Wanda
City Aurora (No.)

Registration District No. 467
Primary Registration District No. 4280

File No.
Registered No. 95
St. Ward)

2. FULL NAME

(a) Residence No. Francis C. Duncan 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 of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Loe Duncan

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

Aug 21 - 1853

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>5</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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) W. Vernon Mo

10. NAME OF FATHER

Wm H. Drinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER

Elyth Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) W. Va

14.

INFORMANT J. Hines
(Address) Aurora, Mo.

15.

Filed Jan. 31, 1929 V. H. Scott REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

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

Jan 21 1929

17.

I HEREBY CERTIFY (That I attended deceased from Jan. 15, 1929, to Jan. 21, 1929, and that I last saw him alive on Jan. 20, 1929, and that death occurred, on the date state above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY)

11 B

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?

(Signed) Thomas D. Miller, M. D.
, 19 (Address) Aurora, 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

DATE OF BURIAL

Woods Cemetery Hills Mo 1/22 1929

20. UNDERTAKER

ADDRESS

Ray Hayes Sarcosie, Mo

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. 22 1929 55 4 235 1 2 2

WHILE LIVING WITH CONTRACTING MERCHANTS IS A PERMANENT RECORD

