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

Do not use this space.

9322

1. PLACE OF DEATH
County Wayne Registration District No. 895
Township Mill Spring Primary Registration District No. 6197
City ~~Hamburg~~ (No. 0 St. Ward)

File No.
Registered No. 3

2. FULL NAME Anna O'Dell 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 48 yrs. 5 mos. 4 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 Richard A Duncan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48	5	4	

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) (STATE OR COUNTRY) Carter Co - Mo

PARENTS
10. NAME OF FATHER Wm O'Dell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Sarah Gates
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT J G Bone
(Address) Mill Spring Mo

15. FILED 2/5, 1929 Roy J Owens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1929, to Feby 5, 1929 that I last saw h. W. alive on Feby 8, 1929, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1018

(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) Roy J Owens, M. D.
, 19 (Address) Mill Spring 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 Mill Spring Cem
DATE OF BURIAL 2/6 1929

20. UNDERTAKER Yates Und Co
ADDRESS Piedmont 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.

1929

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