

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

Do not use this space.

26302

1. PLACE OF DEATH

County _____ Registration District No. 5701
Township _____ Primary Registration District No. 5005
City St. Louis Mo (No. 1467 "So Vandeventer Ave") St. _____ Ward _____

File No. _____
Registered No. 7516
St. _____ Ward _____

2. FULL NAME Mattie Duncan

(a) Residence. No. 1467 So Vandeventer St. 16 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 1 10

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

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

10. NAME OF FATHER James Mc Cowl

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Walter Duncan (Address) 1467 So Vandeventer

15. FILED 44-20-1329 St. Louis Mo July 20 1929

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-18, 1929, to 7-18, 1929 that I last saw her alive on 7-18, 1929, and that death occurred, on the date stated above, at 2:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Bronchio-Pneumonia
10 PA

CONTRIBUTORY (SECONDARY) 10 PA (duration) yrs. mos. ds. 3

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) L. M. Webb, M. D. 7-19 1929 (Address) 1186 So Highway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews DATE OF BURIAL July 20 1929

20. UNDERTAKER St. Matthews ADDRESS 4234
St. Matthews and Co St. Matthews

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

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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PARENTS

REGISTERED

