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

Do not use this space.

40390 B

1. PLACE OF DEATH
County: Polk
Township: Marion
City: Bolivar (No. ..... St. ..... Ward)

Registration District No. 701
Primary Registration District No. 5930

File No.
Registered No. 2

FEB 20 1931

2. FULL NAME: Baby Duncan, Mary Magdeuline 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 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): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 29. 1930

7. AGE: Years ..... Months ..... Days 12 hrs. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Bolivar,
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Thomas Jefferson Duncan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Polk County
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Minnie Goodson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Polk County
(STATE OR COUNTRY): Missouri

14. INFORMANT: J. L. Duncan
(Address): Bolivar Mo.

15. FILED 2/3 1930 J. T. Robert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 30. 1930

17. I HEREBY CERTIFY, That I attended deceased from 12 29, 1930, to 12 30, 1930, that I last saw h. alive on Dec 30, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 not viable

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) 160

..... (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) J. D. Brooks, M. D.
Dec 30, 1930 (Address) Halfway 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: Mt Olive
DATE OF BURIAL: Dec 30 1930

20. UNDERTAKER: White and Co
ADDRESS: Bolivar Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.