

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

Do not use this space.

1096-13P
 75

1. PLACE OF DEATH

County Howell Registration District No. 382
 Township _____ Primary Registration District No. 4227
 City West Plains, Missouri St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME L. Malinda Duncan

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. H. Duncan</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 22nd, 1864</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>5</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Cedar County
 (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Jas Chaney</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	12. MAIDEN NAME OF MOTHER <u>L. Simmons</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Cedar Co., Mo.</u>

14. INFORMANT R. H. Duncan
 (Address) West Plains, Mo

15. FILED 1-19-31 O. M. Heinrich
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9th 1931
 17. HEREBY CERTIFY, That I attended deceased from Jan 9 to Jan 9, 1931, that I last saw h. alive on Jan 9, 1931, and that death occurred, on the date stated above, at 9:00 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Asucho Pneumonia
 (duration) 5 yrs. 5 mos. 5 ds.
 CONTRIBUTORY (SECONDARY) 10/10/10
 (duration) _____ yrs. _____ mos. _____ ds.

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? Clinical
 (Signed) J. A. Green, M. D.
1/10, 1931 (Address) West Plains, 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 Galloway
 DATE OF BURIAL 1-13 1931

20. UNDERTAKER Marlards
 ADDRESS West Plains 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.

APR 23 1931

11/11/1964