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

Do not use this space. 1.

1. PLACE OF DEATH
County Jackson — Registration District No. 35[illegible] — File No. 25146
Township Kaw — Primary Registration District No. 860 — Registered No. 3146
City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME John W. Duncan
(a) Residence. No. Independence Kansas St., X 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10, 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
44	5	11	

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

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Harvey Duncan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Reback Emmerian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs Alice Duncan
(Address) Independence Kansas

15. FILED 7/21, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1931

17. I HEREBY CERTIFY, That I attended deceased from January 10, 1931, to July 21, 1931, that I last saw him alive on July 21, 1931, and that death occurred, on the date stated above, at 8.05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain tumor, meningioma, right parietal & frontal lobes. Non-malignant
54D (duration) 1? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Vincents angina
54D (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Independence, Kansas
DID AN OPERATION PRECEDE DEATH? Yes DATE OF January 26, 1931
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs & Autopsy
(Signed) Frank R Teachenor, M. D.
July 21, 1931 (Address) 1002 Argyle Bldg

*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
Independence Kansas	July 21, 31
20. UNDERTAKER	ADDRESS
Wagner Funeral Home	K. C. 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.