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.

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

791
1003

Do not use this space.

10059

File No. 2023
Registered No.

1. PLACE OF DEATH

County Monsanto Hmc. Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. 5351 Delmar St. Ward)

2. FULL NAME Robert Harvey Duncan

(a) Residence. No. 5351 Delmar St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 9 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	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Supt. of agricultural grounds
(b) General nature of industry, business, or establishment in which employed (or employer) State Teachers
(c) Name of employer College, Maryville, Mo

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) State of Pennsylvania

PARENTS
10. NAME OF FATHER John Duncan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) York County, Pa
12. MAIDEN NAME OF MOTHER Rachel Gemmil
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) York County, Pa

14. INFORMANT Mrs. W. Waller
(Address) 5351 Delmar Ave.

15. FILED MAR -3 1932 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/1/32 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932 to Feb. 29, 1932 that I last saw him alive on Feb. 29, 1932 and that death occurred, on the date stated above, at 7 20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular heart disease
131
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH — (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex & Urinalysis
(Signed) Colon Cameron, M. D.
Mar 1, 1932 (Address) Metropolitan 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 Maryville Mo
DATE OF BURIAL 3/2 1932

20. UNDERTAKER Alexander E. Sons
ADDRESS 6175 Delmar