

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

Do not use this space.

14167

1. PLACE OF DEATH

County..... Registration District No. *101*
Township..... Primary Registration District No. *1003*
City *St. Louis Mo.* (No. *Sanitarrum*)..... St. Ward

File No.....
Registered No. **3499**

2. FULL NAME

Lillian Duncan
(a) Residence, No. *100 St. Leffingwell St.* *13* Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *48* yrs. *2* mos. *10* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR, OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Divorced</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 30, 1889</i>				
7. AGE	YEARS <i>43</i>	MONTHS <i>2</i>	DAYS <i>8</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>				
FATHER	13. NAME <i>J. P. Byerly</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown Pennsylvania</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pennsylvania</i>			
17. INFORMANT <i>William T. Gutter</i> (ADDRESS) <i>5400 Arsenal St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Lakewood Park</i> DATE <i>April 9, 1932</i>				
19. UNDERTAKER <i>August Ford Co</i> (ADDRESS) <i>4234 Manchester Ave</i>				
20. FILED <i>APR -9 1932 May E. Fowler</i>				

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 8, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *July 1, 1930, to Apr 8, 1932*
I last saw him alive on *Apr 7, 1932*. Death is said to have occurred on the date stated above, at *12:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis with Valvular heart disease Date of onset *2 mos*

Other contributory causes of importance:
92a

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *William T. Gutter* M. D.
(Address) *5400 Arsenal St.*

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.

Registrar

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