

WHITE 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.

SEP 22 1932

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

Do not use this space.

25890

1. PLACE OF DEATH

37 County Pascoade Registration District No. 305
Township Congass Primary Registration District No. 5422
City Roschelle (No. _____)

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Lillian May 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/9/13</u>		
7. AGE	YEARS	MONTHS
	<u>19</u>	<u>2</u>
		DAYS
		<u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	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) <u>Mt Sterling Mo</u>		
FATHER	13. NAME <u>Ruben Duncan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pascoade Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Nannie V. Foster</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Mo</u>	
17. INFORMANT <u>R. Duncan</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McLure Church</u> DATE <u>8/25</u> 19 <u>32</u>		
19. UNDERTAKER <u>Lane Hickey</u> (ADDRESS) <u>1011 1/2</u>		
20. FILED <u>9-5</u> 19 <u>32</u> <u>J. J. Ferrell</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1932 to August 23, 1932
I last saw her alive on August 23, 1932. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Uraemia with convulsions
1440
150
84
1460
Other contributory causes of importance Child birth and despondency
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Dr. H. Fitzgerald, M. D.
(Address) 1011 1/2

