

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

Do not use this space.

286

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. 3216 Doniphan Ave. St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Maude Duncan  
 (a) Residence, No. 3216 Doniphan Ave. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mack G. Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 30, 1892  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 7 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.  
 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) Carroll Co., Mo.

13. NAME Henry C. Stanley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co., Mo.

15. MAIDEN NAME Effie Clay  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co., Mo.

17. INFORMANT (ADDRESS) Mack G. Duncan 3216 Doniphan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery Jan. 11, 1933.

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Taraon St. St. Joseph, Mo.

20. FILED 1-10-33 John B. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 9, 1933  
 22. I HEREBY CERTIFY, That I visited deceased from Jan 9, 1933, to \_\_\_\_\_, 19\_\_\_\_. I last saw her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5.35 P.M.  
 The principal cause of death and related causes of importance were as follows:

Hanging by rope (suicidal)  
165  
165  
 Other contributory causes of importance: Ill. health past year  
 Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury Jan 9, 1933  
 Where did injury occur? St. Joseph, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home  
 Manner of injury Hanging  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Torrest Thomas Coroner  
 (Address) 80 1/2 Felix St. St. Joseph, Mo.

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.

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