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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 393 — File No. 1563

Township Kaw — Primary Registration District No. 1002 — Registered No. 20

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Francis Edwin Duncan

(a) Residence, No. 4040 Hyde Park Ave. St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 years 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 Mrs. Elizabeth A. Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 210

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 114

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER

13. NAME Benjamin Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT Mrs Elizabeth Duncan
(ADDRESS) 4040 Hyde Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 1-20-33

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo

20. FILED 1-19 33 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19

I last saw h alive on, 19. Death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism by automobile accident.	
Fracture of ribs and 5th dorsal vertebra. Laceration of pleura.	
Bilateral hemothorax	

Other contributory causes of importance:

Pedestrian

Name of operation No Date of

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/17 1933

Where did injury occur? Forest 10th St Ave no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury Trauma by Automobile

Nature of injury Fracture and hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M.D.

(Address) Deputy Coroner