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

MAR 2 1933

Do not use this space.

2369

1. PLACE OF DEATH

65 County Mercer — Registration District No. 553 — File No.

Township Marion — Primary Registration District No. 5746 — Registered No. 3

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Maggie Ann Duncan

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: 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 Jas. H. Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1866

7. AGE: YEARS 66 — MONTHS 2 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Bolden Mickens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER

15. MAIDEN NAME — Prather
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Miss Olga Duncan, Waverly Iowa

18. BURIAL, CREMATION, OR REMOVAL: PLACE Lineville Mo. DATE 1/21 1933

19. UNDERTAKER (ADDRESS) L. O. O. Greenlee, Lineville Ia

20. FILED 1/20 1933 Mary O. Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to Jan 19, 1933

I last saw her alive on Jan 19, 1933. Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
94A	
Angina Pectoris	
Other contributory causes of importance: 94A	

Name of operation ..... Date of .....

What test confirmed diagnosis? Visual Tests 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) C. E. Lovell, M. D.

(Address) Lineville Iowa