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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH
County: Dade
Township:
City: (No. , St. Ward)
Registration District No. 237
Primary Registration District No. 5323
File No. 16119
Registered No. 24

2. FULL NAME: Clarence C Duncan
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Veliga Duncan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15 - 1874
7. AGE: YEARS 58 | MONTHS 9 | DAYS 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Banton County

FATHER
13. NAME: J. C. Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Esten Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): R. M. Cross
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenfield DATE: May 16 1933
19. UNDERTAKER (ADDRESS): W. P. Long, Jewel Spg. Mo
20. FILED: 5-20 1933 E. C. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 15 1933
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to , 19
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:
Probably Myocarditis
Was dead when I saw him about 9:30 P.M. May 15th
Date of onset
Other contributory causes of importance: 93D
93D
Name of operation: none Date of
What test confirmed diagnosis? History 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?
If so, specify
(Signed) C. E. Duckett, M. D.
(Address) Lamar Mo.