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

Do not use this space.

20569

File No. 264

Registered No.

74

1. PLACE OF DEATH
County Nodaway.
Township Green.
City (No. , St. Ward)

Registration District No. 628
Primary Registration District No. 5520

2. FULL NAME Uldewella 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.

JUL 23 1933

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 Noah Duncan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 1857.

7. AGE: Years 76 | Months 3. | Days 10 | 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) Iowa.

FATHER
13. NAME David Kinsley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo.

MOTHER
15. MAIDEN NAME Marry Farrow.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Noah Duncan Quitman Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilcox Mo. DATE June 22 1933, 19

19. UNDERTAKER (ADDRESS) Price Fur. Co. Maryville Mo.

20. FILED 7/10, 19 J. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to June 21, 1933
I last saw h. alive on June 17, 1933. Death is said to have occurred on the date stated above, at 1230 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs.
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Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) W. B. Hayford, M. D.
(Address) Maryville, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.