

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

Do not use this space.

**24737**

1. PLACE OF DEATH St. Louis, Mo  
 County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1002  
 City St. Louis (No. Barnes Hospital) ..... St. .... Ward) .....  
 2. FULL NAME Rev Charles Bernead Duncan  
 (a) Residence, No. 1406 Linden St., 17 Ward. Nashville, Tenn  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva C. Duncan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16 - 1872</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>4</u>
	DAYS <u>28</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>	
	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) <u>Shelbyville Mo,</u>		
FATHER	13. NAME <u>William H. Duncan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jane Lowman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burgin</u>	
17. INFORMANT <u>Mrs. Eva C. Duncan</u> (ADDRESS) <u>1406 Linden Nashville Tenn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelbyville</u> DATE <u>7/16</u> 19 <u>33</u>		
19. UNDERTAKER <u>W. G. French &amp; Co</u> (ADDRESS) <u>2100 E. Linden Blvd.</u> <u>UUL 1-1000</u>		
20. FILED <u>J. F. Brebeck</u> Registrar.		

**3/ MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1933 to 7-14 1933  
 I last saw him alive on 7-14 1933. Death is said to have occurred on the date stated above, at 10:00 am.  
 The principal cause of death and related causes of importance were as follows:  
Acute Intestinal obstruction Date of onset July 6 1933  
ion  
122A  
122B  
17 7 1933  
 Other contributory causes of importance:  
Left inguinal hernia

Name of operation for obstruction Date of 7/10/33  
 What test confirmed diagnosis? operation Was there an autopsy? yes

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) Alvorn H. Copher, M. D.  
 (Address) BARNES HOSPITAL

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.

19  
1  
2  
22

