

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

Do not use this space.

36262

JAN 4 1934

PLACE OF DEATH

County Green Registration District No. 318
Township Campbell Primary Registration District No. 2001
City Springfield (No. 821) E. McDaniel St. _____ Ward _____

File No. _____
Registered No. 838

2. FULL NAME

Caroline Duncan
(a) Residence, No. 821 E. McDaniel 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 Female 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Felix Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
(app) 67

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

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) Arkansas

13. NAME Cornelius Carter

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Lora. Duncan

18. BURIAL, CREMATION, OR REMOVAL PLACE Lineda Memorial DATE 17-3-33

19. UNDERTAKER (ADDRESS) M. G. Campbell
869 Washington ave

20. FILED 12-3-33 Ralph Duncan Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1933

22. I HEREBY CERTIFY That I attended deceased from Nov. 24 1933 to Nov 29 1933

I last saw her alive on Nov 29 1933 Death is said to have occurred on the date stated above, at 12 noon.

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

Cerebral Hemiplegia Date of onset Nov 23

824 apoplexy

Other contributory causes of importance:
820

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) Harold C. Loney, M. D.
(Address) 1020 Sherman Ave.

MARGIN RESERVED FOR BINDING

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.

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