

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

Do not use this space.

36333

1. PLACE OF DEATH

County Howell Registration District No. 384
Township Howell Primary Registration District No. 5535
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Mrs. Lottie Duncan

(a) Residence, No. Orion, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert A. Duncan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1867
7. AGE YEARS 65 MONTHS 11 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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) West Plains, Mo

13. NAME Wm. Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co., Mo.

15. MAIDEN NAME Ruth Morrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co., Mo.

17. INFORMANT Mr. Geo. W. Hopkins (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE Nov. 9, 1933

19. UNDERTAKER (ADDRESS) Hal Thornburgh West Plains, Mo.

20. FILED 11-15 1933 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933, to Nov 8, 1933
I last saw alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 10:p m.

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

Causes of uterine
infarction
Date of onset _____
Other contributory causes of importance: 48

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) P. H. Green M. D.
(Address) West Plains, Mo

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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11/15

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