

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township *St. Louis* Primary Registration District No. **1003**
 City *St. Louis* (No. *5844*, *Easton Ave*, St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. *5844 Easton Ave*, St., *6* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Wk* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 5th 1924*

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 11, 1876*

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *5:10 PM*.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *58 2 24*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Dulton Iron Works Co.*
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Strangulation due to hanging rope in close door in room in residence
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

Other contributory causes of importance:
165

13. NAME *William Duncan*

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

15. MAIDEN NAME *Betsy Baunerman*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *June* Date of injury....., 19.....
 Where did injury occur? *St. Louis* (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Isabelle Duncan* (ADDRESS) *16 Portland Pl.*

Manner of injury *Hanging*
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valley Haven* DATE *6-8 '24*

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

19. UNDERTAKER (ADDRESS) *Chas. S. Stuart*
1225 Union Blvd.

(Signed) *J. H. Bridock*
 (Address) *St. Louis*

20. FILED *1924-7-19* 19..... Registrar. *J. H. Bridock*

K. 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

