

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.

SEP 17 1934

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

Do not use this space.

29758

1. PLACE OF DEATH

County Joplin Registration District No. 411  
Township Joplin Primary Registration District No. 2007  
City Joplin Mo. (No. 219 West 3rd) St. West 3rd Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mr. Dorothy Emmons Duncan

(a) Residence, No. 219 West 3rd St. \_\_\_\_\_ Ward \_\_\_\_\_ (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>Female</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar.</u>		
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jack Duncan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 2 - 1915</u>				
7. AGE	YEARS <u>19</u>	MONTHS <u>4</u>	DAYS <u>12</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>Wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wife</u>			
	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>Joplin Mo</u>				
MOTHER	13. NAME <u>Robert B. Emmons</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Galena Kentucky</u>			
	15. MAIDEN NAME <u>Grace Fairbrother</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Mo.</u>			
17. INFORMANT <u>Jack Duggest</u> (ADDRESS) <u>319 West 3rd</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Georgetown</u> DATE <u>Aug 16 34</u>				
19. UNDERTAKER <u>Therapy - Chesnut</u> (ADDRESS) <u>Joplin Mo</u>				
20. FILED <u>8-15-34</u> 19 <u>34</u> <u>Ed D. James</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-14 1934 to 8-14 1934  
I last saw her dead on Aug 14 1934 Death is said to have occurred on the date stated above, 12:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
95 B  
Heart exhaustion  
1911  
Other contributory causes of importance:  
Acute dilatation of heart

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?  
If so, specify \_\_\_\_\_  
(Signed) Ellsworth M. D.  
(Address) Joplin Mo Moody

