

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.

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

Do not use this space.

32594

1. PLACE OF DEATH
 41 County Harrison Registration District No. 340
 7 Township Whiteoak Primary Registration District No. 4203
 1 City New Hampton (No. _____) St. _____ Ward _____

2. FULL NAME Francis Wood Duncan
 (a) Residence, No. _____ 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF Almira F. Duncan (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1859

7. AGE YEARS 75 MONTHS 5 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Quincy Co. Mo. (STATE OR COUNTRY) _____

MOTHER 13. NAME James W. Duncan
 14. BIRTHPLACE (CITY OR TOWN) Quincy Mo. (STATE OR COUNTRY) _____
 15. MAIDEN NAME Mary Wood
 16. BIRTHPLACE (CITY OR TOWN) Quincy Mo. (STATE OR COUNTRY) _____

FATHER 17. INFORMANT Edith Duncan (ADDRESS) New Hampton
 18. BURIAL, CREMATION, OR REMOVAL PLACE Albany DATE Oct 1, 1934

19. UNDERTAKER W. H. Noble (ADDRESS) New Hampton

20. FILED Oct 11, 1934 J. H. Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1934

22. I HEREBY CERTIFY, THAT I attended deceased from Dec 1, 1933, to Sept 25, 1934
 I last saw him alive on Sept 20, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of colon
46C
WU
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) J. H. Wood, M. D.
 (Address) New Hampton

