JAN 15 1935

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

Do not use this space.

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No. 42277
Township ~~Grand River~~ — Primary Registration District No. 4090 — Registered No. 71
City Harrisonville (No. ..., ... St. ..... Ward)

2. FULL NAME Walker W. 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 33 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 (OR) WIFE OF: Alice Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 1 - 1858

7. AGE: YEARS 76 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

FATHER
13. NAME: John Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Mary Singleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Gene Duncan, Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Orient DATE 12/30, 1934

19. UNDERTAKER (ADDRESS): Rumburger Bros & Co, Harrisonville Mo

20. FILED 12/28, 1934 D. J. Long, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Dec 27, 1934
I last saw him alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis with Cystitis

Other contributory causes of importance:

Date of onset

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) J. U. Scott, M. D.
(Address) Harrisonville Mo

Dr Scott

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.