

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

Do not use this space.

9545

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Julin Primary Registration District No. St Johns Hospital
 City Julin (No. St Johns Hospital Ward)

2. FULL NAME

(a) Residence, No. 2127 Jackson 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Namee Duncan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1897</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>1</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>drill</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>contractor</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>Washburn MO.</u>		
13. NAME <u>John Duncan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs Namee Duncan</u> (ADDRESS) <u>Julin MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview</u> DATE <u>3-18-35</u>		
19. UNDERTAKER (ADDRESS) <u>Hurlst and Co</u> <u>Jasper MO</u>		
20. FILED <u>3-16-35</u> 19 <u>35</u> <u>Ed Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Mar 15, 1935.
 I last saw him alive on Mar 14, 1935. Death is said to have occurred on the date stated above, at 12:20 m.
 The principal cause of death and related causes of importance were as follows:
Acute pulmonary Edema Date of onset 3-14
myocardial infarct. 3-14
82.5%
 Other contributory causes of importance:
Brain Hemorrhage 3-7

Name of operation Cystolithotomy Date of 1-24-35
 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? No.
 If so, specify _____
 (Signed) Paul H. Walker, M. D.
 (Address) 312 E. 1st St. Jasper MO

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

