

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.

JAN 25 1936

38967

1. PLACE OF DEATH

County Clay
 Township Liberty
 City Liberty (No. _____)

Registration District No. 201
 Primary Registration District No. 5280

File No. 115
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Minnie Duncan Mo St., Ward. _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
 10. Date deceased last worked at this occupation (month and year) 6 mo 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mo

FATHER 13. NAME Jas. M. Burns Va.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Jane Kuntalis Ky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Field M. Duncan

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo DATE 12/31/35

19. UNDERTAKER Church - Welch Co

20. FILED 12/31, 1935 E. T. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Dec 19, 1935

I last saw him alive on Dec 17, 1935. Death is said

to have occurred on the date stated above, at 9:45 AM

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

Advanced years, high blood pressure for 4 or 5 years.

Other contributory causes of importance _____

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 _____
 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) G. A. P. H. H. H. H., M. D.
 (Address) Liberty Mo.

