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

AUG 22 1936

Do not use this space.

15991-A

1. PLACE OF DEATH
County: Marion — Registration District No.: 541 — File No.:
Township: Jefferson — Primary Registration District No.: 4321 — Registered No.:
City: Bell (No. ..., ... St. ..... Ward)

2. FULL NAME: Ulysses G. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Lucy A. Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 14, 1869

7. AGE: Years 67 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Photographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Indiana

FATHER
13. NAME: William Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Martha E. Kern
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: George Duncan
(ADDRESS): Bell, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Cem. DATE: Apr. 20, 1936

19. UNDERTAKER: S. G. Lickliter
(ADDRESS): Bell, Mo

20. FILED: Aug 10, 1936 Mrs. Lenora Johnson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to Apr. 18, 1936, I last saw him alive on Apr. 18, 1936. Death is said to have occurred on the date stated above, at 12 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	about 1 year
Other contributory causes of importance:	
Arteriosclerosis	8 yrs.

Name of operation: none — Date of: —
What test confirmed diagnosis: Symptoms — 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) T. R. Grizzell, M. D.
(Address) Bell, Mo.