

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.

AUG 22 1936

15991-A

1. PLACE OF DEATH

County Meriis Registration District No. 541  
 Township Jefferson Primary Registration District No. 432.1  
 City Belle (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ulysses E. Duncan  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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 J. 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

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

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

17. INFORMANT (ADDRESS) George Duncan  
Belle, Mo.

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

19. UNDERTAKER (ADDRESS) S. G. Licklider  
Belle, Mo.

20. FILED Aug 10 1936 Miss Lawrence 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:

Chronic Parenchymatous Hepatitis  
Arteriosclerosis  
 Date of onset about 1924

Other contributory causes of importance:  
Arteriosclerosis  
 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) W. R. Gurrell, M. D.  
Belle, Mo. (Address)

10/21/11

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