

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.

MAY 14 1936

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

Do not use this space.

16106

1. PLACE OF DEATH

County MONROE
 Township JACKSON
 City (No. _____ St. _____ Ward _____)

Registration District No. 582
 Primary Registration District No. 5779

File No. _____
 Registered No. 26

2. FULL NAME

SQUARE WILLARD 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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 6 1936, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LAURA DUNCAN

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1936 to Apr 6, 1936.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 2nd, 1869

I last saw him alive on Apr 6, 1936 Death is said to have occurred on the date stated above, at 3 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 10 4

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

Robert Pneumonia Date of onset Mar 27 1936
following Influenza

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) March 1936 11. Total time (years) spent in this occupation life

Other contributory causes of importance:
Influenza 11W

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

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

13. NAME JAMES DUNCAN

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

15. MAIDEN NAME ELIZABETH CAPP

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

17. INFORMANT Mrs. FRED SNELL (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE 4/8, 1936

19. UNDERTAKER Speed & Blakey (ADDRESS) Paris, Missouri

20. FILED APR 7 1936 H. C. Payne Registrar.

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) M. C. McMurtry, M. D.

(Address) Paris, Missouri

