JUL 20 1936

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

Do not use this space.

19044-a

1. PLACE OF DEATH
County Franklin
Township Clay
City ..... (No. ..... St. ..... Ward)

Registration District No. 287
Primary Registration District No. 2-40 5

File No. .....
Registered No. 20

2. FULL NAME No Name 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1936

7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 8 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Md

FATHER
13. NAME Pink Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Myrtle Chaillard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md

17. INFORMANT (ADDRESS) Pink Duncan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem DATE May 8 1936

19. UNDERTAKER (ADDRESS) Pink Dunkin

20. FILED 8-20 1936 E G Cope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is sa...

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follo...

Premature
Cause unknown

Date of o...

Other contributory causes of importance:

159

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 ....., 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? .....
If so, specify .....
(Signed) F. M. Skeider, M. D.
(Address) Senath Md

MARGIN RESERVED FOR BINDING

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

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.

V. S. No. 2
20M-2-19-36
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