

OCT 21 1936

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

Do not use this space.

36462

1. PLACE OF DEATH

County Vernon Registration District No. 874
Township Moundall Primary Registration District No. 6151B
City (No. _____) St. _____ Ward _____

2. FULL NAME

James Marshall 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 1848</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>0</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Kentucky</u>
13. NAME <u>Marshall Duncan</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Kentucky</u>
15. MAIDEN NAME <u>Melissie McCleese</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Kentucky</u>
17. INFORMANT (ADDRESS) <u>Albert Duncan Nevada Mo</u>

18. BURIAL, CREMATION, OR REMOVAL <u>Sheldon Mo Sept 28 1936</u>
19. UNDERTAKER (ADDRESS) <u>Ferry Funeral Home Nevada Mo</u>
20. SIGNATURE <u>J. S. Primm Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1936 to Sept 25 1936
I last saw him alive on Sept 25 1936 Death is said to have occurred on the date stated above, at 5 1/2 m.

The principal cause of death and related causes of importance were as follows:
Apertury
132
Other contributory causes of importance:
Intus Serrus

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) J. M. Yates M. D.
(Address) Nevada Mo

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.

