

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.

DEC 18 1936

37208

1. PLACE OF DEATH

County Davidson  
Township Bentley  
City Patterson (No. ...., St. .... Ward)

Registration District No. 254  
Primary Registration District No. 4154

File No. 37  
Registered No. 284

2. FULL NAME

(a) Residence No. Patterson 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Sophia Duncan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28, 1855</u>		
7. AGE YEARS <u>81</u> MONTHS <u>7</u> DAYS <u>6</u>	11. Total time (years) spent in this occupation <u>50 yrs</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>		
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) <u>1923</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>Wm. H. Duncan M.D.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Henrietta O'Dell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>L.A. Duncan M.D.</u> (ADDRESS) <u>Patterson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel</u> DATE <u>Oct 8, 1936</u>		
19. UNDERTAKER <u>E. L. Somner</u> (ADDRESS) <u>Patterson</u>		
20. FILED <u>10-7-36</u> <u>Frances C. Sutton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1930, to Oct 6th, 1936  
I last saw him alive on 10/6, 1936 Death is said to have occurred on the date stated above, at 3:47 m.  
The principal cause of death and related causes of importance were as follows:  
Endo-Carditis - myocarditis  
carcinoma of the  
arteries obliterans  
Date of onset Dec. 1930

Other contributory causes of importance:  
impacted teeth  
hepatitis

Name of operation none Date of .....

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury ....., 19....  
Where did injury occur? no  
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) L.A. Duncan, M. D.  
(Address) Danville Ill.

