

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

Do not use this space.

**JAN 20 1937**

41109

**1. PLACE OF DEATH**

County Iron Registration District No. 391  
 Township Arceutha Primary Registration District No. 5546a File No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_ Registered No. 80

**2. FULL NAME** James Francis 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1896

7. AGE YEARS 40 MONTHS 9 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrol Farmman  
 9. Industry or business in which work was done, as mill, saw mill, bank, etc. laborer  
 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) Madison County Missouri

MOTHER 13. NAME Marion Duncan

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

15. MAIDEN NAME Unknown

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

17. INFORMANT C. H. Duncan (ADDRESS) Arceutha Iron

18. BURIAL, CREMATION, OR REMOVAL PLACE Arceutha Iron DATE 11-11-36 19.

19. UNDERTAKER White & Son (ADDRESS) Arceutha Iron

20. FILED Dec 23, 1936 R. C. Rasche Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1936 to Nov 8 - 1936

I last saw him alive on Nov 8, 1936 Death is said to have occurred on the date stated above, at 9:10 p.m.

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

Bright's Disease Date of onset \_\_\_\_\_  
132 a  
 Other contributory causes of importance: Advanced age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) E. R. Danhouse, M. D.  
 (Address) Doctor No.

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