

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Egypt
City Norborne Mo (No. _____) St. _____ Ward _____

Registration District No. 138
Primary Registration District No. 4078

File No. 23393
Registered No. 56

2. FULL NAME

Margaret Young 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 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) June 1, 1937 11. Total time (years) spent in this occupation 82 yrs.

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

13. NAME Henry Young

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

15. MAIDEN NAME Margaret Griffith

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

17. INFORMANT (ADDRESS) Ida Mudge Young, Norborne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairhaven DATE June 27, 1937

19. UNDERTAKER (ADDRESS) W. J. Stroud, Norborne, Mo.

20. FILED June 26, 1937 B. C. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to June 25, 1937. I last saw h. or alive on June 21, 1937. Death is said to have occurred on the date stated above, at 11:40 a.m. The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset June 13, 1937
Uremia Chronic Nephritis Myocardial Failure June 13, 1937

Other contributory causes of importance Myocardial Failure

Name of operation none Date of _____
What test confirmed diagnosis? L Was there an autopsy? L

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury L, 19L
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 L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Eugene J. Bales, M. D.
(Address) Norborne, Mo.

167a

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

Do not use this space.

1. PLACE OF DEATH

County Camroll Registration District No. 138 File No. 23393
 Township _____ Primary Registration District No. 4078 Registered No. _____
 City Narborn (No. _____) St. _____ Ward _____

2. FULL NAME Margaret Young 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 7 **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 24

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED May 31 1937 B. E. Cole
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1937

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

I last saw him/her alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Bronchial pneumonia
uremia (Chronic Nephritis)
 Date of onset 6/12/37
6/21/37

Other contributory causes of importance:
13

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) Eugene L. Bales, M. D.
 (Address) Narborn

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