

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Francois Registration District No. 1115  
Township Lebanon Primary Registration District No. 6021  
City (No. ) St. Ward

24786

File No. \_\_\_\_\_  
Registered No. 11

**2. FULL NAME**

Benjamin Franklin 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>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Knapp Duncan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28, 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>61</u>	<u>4</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	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 COUNTY) Madison Co. Mo

13. NAME Benjamin F. Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Louis, Mo

15. MAIDEN NAME Emma Lewis

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

17. INFORMANT Evelyn Duncan  
(ADDRESS) 1400 S. Wick, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE 100 S. DATE 6/14 1937

19. UNDERTAKER Meidert Hud Co  
(ADDRESS) St. Louis, Mo

20. FILED 6/22 1937 H. G. Rydeen  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/12 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1937 to June 12 1937  
I last saw him on 9/10 1937 Death is said to have occurred on the date stated above, at 10:10 P. M.  
The principal cause of death and related causes of importance were as follows:

Principious Aurmia  
arterio sclerosis  
cirrhosis of liver

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? No  
If so, specify \_\_\_\_\_ (Signed) Harry Bosson, M. D.  
(Address) Fredericktown 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.

74 JUL 31 1937

