

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

Do not use this space.

OCT 22 1937

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 34210
Township Springfield Primary Registration District No. 2 2001 Registered No. 884
City Springfield (No. Springfield Hospital) St. Springfield Ward Springfield

2. FULL NAME Lena Frances Duncan

(a) Residence, No. Springfield R#9 Cr 207B Ward Springfield
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Brighton, Mo.

13. NAME E. J. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Mary Norman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmersville, Mo.

17. INFORMANT (ADDRESS) J. T. Duncan Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brighton, Mo. DATE Sept 2, 1937

19. UNDERTAKER (ADDRESS) Eyed. P. Thieme Springfield, Mo.

20. FILED Sept 2, 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/31, 1937, to 9-1, 1937

I last saw h. alive on 8/31, 50, 1937. Death is said to have occurred on the date stated above, at 2 A.m.

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

Cerebral Malaria Date of onset 8/20/37
(Malaria = Cerebral Malaria)
Other contributory causes of importance: 82%

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood & spinal fluid 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) E. J. White _____ M. D.
(Address) Springfield

Exact statement of OCCUPATION is very important. Property assessed.

