NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No. 37158

Township ~~WASHINGTON~~ — Primary Registration District No. 901 — Registered No. 1134

City ST. JOSEPH (No. 2206 WALNUT St. Ward)

2. FULL NAME MARGARET E. DUNCAN

(a) Residence, No. 2206 WALNUT St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 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: FRED DUNCAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 3RD. 1863

7. AGE: 35 — YEARS: 73 — MONTHS: 10 — DAYS: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.
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): UNKNOWN OHIO

FATHER

13. NAME: E. K. STOUT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN OHIO.

MOTHER

15. MAIDEN NAME: SARAH JAMES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN OHIO.

17. INFORMANT (ADDRESS): E. J. BRIGMAN 2224 S. 9TH. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. AUBURN DATE OCT. 16TH, 1937

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED 10-15 1937 H. J. Nestlebush By JC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCT. 14 TH. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th, 1937 to Viewed, 19..

I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.15A m.

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

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? History 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? no
If so, specify .....
(Signed) B. W. Tadlock — Coroner, M. D.
(Address) King Hill Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.