JAN 10 1938

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

Do not use this space.

43118

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo (No. Barnard Skin & Cancer Hosp St. ..... Ward)

File No. ..... Registered No. 11368

2. FULL NAME Duncan, Pinkey

(a) Residence, No. Kennett, Mo. Rt. #1 St., NR 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): Myrtle Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-28-84

7. AGE: Years 53 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1

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): Tenn. 2

FATHER

13. NAME: John Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? 3

MOTHER

15. MAIDEN NAME: Weltie Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 4

17. INFORMANT (ADDRESS): Myrtle Duncan, Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kennett, Mo DATE Dec. 12, 1937

19. UNDERTAKER (ADDRESS): Albert E. Hopper, 3939 N. Euclid

20. FILED DEC 10 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/30/37, 19..., to 12/10/37, 19...
I last saw him alive on 12/10/37, 19... Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Buccal mucous membrane ? Date of onset

Other contributory causes of importance:
Post op. Collapse

Name of operation: Resection Mandible Date of 12/7/37
What test confirmed diagnosis? Biopsy 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) Bruce G. Martin, M. D.
(Address) Barnard Hosp.

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.

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