

REC'D MAR 14 1938

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

Do not use this space.

5606
672

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. KC General Hosp)

File No. 5606
Registered No. 672
St. _____ Ward _____

2. FULL NAME

William Grant Duncan 525

(a) Residence, No. 1509 Penn St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1867

7. AGE YEARS 71 MONTHS _____ DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. none
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) Ohio

FATHER
13. NAME Adam Duncan

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

MOTHER
15. MAIDEN NAME Elizabeth Stumberg

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

17. INFORMANT (ADDRESS) Debra Clark
KC Gen Hosp 720 Mo

18. BIRTH OF CREMATION, OR REMOVAL Funeral Home DATE 2-10-38

19. UNDERTAKER (ADDRESS) Quip-Plan
11. E. 11th

20. FILED 2/10, 1938 A. H. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1937 to 2-9, 1938

I last saw her alive on 2-9, 1938 Death is said to have occurred on the date stated above, at 12:05 PM

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

Gangrenous Cystitis
Pneumophorus, Left
Other contributory causes of importance: 123

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: gun suicide, or homicide? _____ Date of injury _____, 1938

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) P. A. De Maria, M. D.
(Address) 5111 KC Gen 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.

