

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

Do not use this space.

6120

REC'D MAR 14 1938

1. PLACE OF DEATH  
 County BUCHANAN Registration District No. 85  
 Township WASHINGTON Primary Registration District No. 1001  
 City ST. JOSEPH, MO. (No. MISSOURI METHODIST HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 196

2. FULL NAME JAMES CLAY DUNCAN  
 (a) Residence, No. 1615 SOUTH NINTH ST. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 56 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 CATHERINE DUNCAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 11, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 3 0

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SWITCHMAN  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. R. I. & P. R. R. Co.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) HALLECK, MISSOURI  
 (STATE OR COUNTRY)

FATHER  
 13. NAME WILLIAM DUNCAN,

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
 (STATE OR COUNTRY) INDIANA

MOTHER  
 15. MAIDEN NAME JANE SILVERS,

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
 (STATE OR COUNTRY) TEXAS

17. INFORMANT FLORENCE PETTIGREW,  
 (ADDRESS) BOLCKOW, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE FEB. 14, 1938

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

20. FILED Feby 14 1938 H. J. Neitelbeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 11, 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 - at 10:00 PM, 1938, to Feb 11 - PM, 1938

I last saw h. i. m. alive on Feb 11 - 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Lobar Pneumonia  
Right Side (Unilateral) Pleural

Date of onset

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy. Was there an autopsy? Yes

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) T. P. Bowden, M. D.

(Address) 114 West 1st St., St. Joseph, Mo.

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.

