

DEC'D MAR 20 1938

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

Do not use this space.

7370

1. PLACE OF DEATH

63 County Marion
Township Jefferson
City (No.) (St.) (Ward ..)

Registration District No. 542Primary Registration District No. 5731File No. 6Registered No. 1

2. FULL NAME

Patricia Maureen Duncan 525
(a) Residence, No. St. 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. 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 16

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

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) Jefferson City, Mo.13. NAME Daniel H. Duncan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Mo.15. MAIDEN NAME Millie Lee Eade16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna, Mo.17. INFORMANT (ADDRESS) Daniel H. Duncan, Vienna Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Rader, Mo. DATE Nov 20, 193719. UNDERTAKER (ADDRESS) Birmingham, Virginia, Mo.20. FILED 2/21, 1938 Gertrude M. Eade Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 193722) I HEREBY CERTIFY That I attended deceased from Nov 19, 1937, to Nov 19, 1937I last saw her alive on Nov 19, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

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

Date of onset

Pneumonia Loblar
105

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis? 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 nonNature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.(Address)

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.

