

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

13461

REC'D MAY 9 1938

1. PLACE OF DEATH

County _____ Registration District No. 399
Township Research post. Primary Registration District No. 1002 File No. _____
City Kansas City (No. Research Hospital) Registered No. 1441
St. _____ Ward _____

2. FULL NAME

Thomas Jefferson Duncan
(a) Residence, No. Rushville Mo. RR #5 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? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1859

7. AGE YEARS 78 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 10 yrs 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Kentucky

13. NAME John Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Kentucky

15. MAIDEN NAME Mary Turk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Kentucky

17. INFORMANT H. A. Duncan (ADDRESS) 115 W. Dragoon Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE April 6, 1938

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph Mo.

20. FILED Apr 4, 1938 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to April 4, 1938

I last saw him alive on April 4, 1938. Death is said to have occurred on the date stated above, at 11:15 A.M.

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

Acute myocardial heart failure - 131

Date of onset about March 20th

Other contributory causes of importance: Renal debilitation - feedings - renal-vascular disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Dr. H. Wyatt, M. D.

(Address) 3850 Praeger

