

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

Do not use this space.

REC'D JUN 22 1938

1. PLACE OF DEATH

County Morgan Registration District No. 597 File No. 18950
Township Morgan Primary Registration District No. 5792A Registered No. _____
City Barnett (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Thomas A. Duncan 525

(a) Residence, No. Barnett, Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 19 38

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 12, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1862

I last saw him alive on May 9, 1938 Death is said

7. AGE YEARS 75 MONTHS 6 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ mls.

to have occurred on the date stated above, at 2:30 AM

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

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

Coronary Occlusion Date of onset 4-25-38

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield Illinois

Arteriosclerosis 1930

13. NAME Daniel Duncan

Name of operation None Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Susann Vincen

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mollie Duncan Barnett Mo

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Superior Cem DATE May 14, 1938

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Yours Funeral Home Barnett Mo

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 6/10, 1938 H. G. Callison Registrar.

If so, specify _____ (Signed) E. G. Shelton, M. D.

(Address) Eldon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

