

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.

REC'D JUL 22 1938

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

Do not use this space.

22482

1. PLACE OF DEATH

County Montgomery
 Township Prater
 City Middletown Mo (No. _____)

Registration District No. 591
 Primary Registration District No. 4389

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

George Washington Duncan

(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 30 yrs. 8 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 May Deane Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>91</u>	<u>2</u>	<u>16</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Frankfort, Louisville, Indiana, Mo

MOTHER FATHER
 13. NAME Lewis Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calypso Co. Va.

15. MAIDEN NAME Harriet / Unmarried

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calypso Co Va

17. INFORMANT May Deane Duncan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Olney DATE June 13, 1938

19. UNDERTAKER (ADDRESS) Richard H. Hume, Middletown, Mo.

20. FILED June 23, 1938 Frank H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1937, to June 16, 1938

I last saw him alive on June 15th, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Arterio Sclerosis

Date of onset _____

Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ 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) C. H. Foster, M. D.

(Address) Middletown

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