L 23 1938

REC'D AUG 22 1938

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

Do not use this space.

26440

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No.

Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 1247

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Joe E. Duncan 525

(a) Residence, No. St., Ward. Denton Texas
(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

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGEL

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 24-1919

7. AGE: YEARS 21 — MONTHS 6 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: GOODYEAR RUBBER G
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): Grand Paire TEX

FATHER

13. NAME: JOHN D. DUNCAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TEX

MOTHER

15. MAIDEN NAME: FAYNIE DEAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TEX

17. INFORMANT (ADDRESS): John P DUNCAN 7109 WASHINGTON

18. BURIAL, CREMATION, OR REMOVAL
PLACE DENTON TEX DATE Unkn 19

19. UNDERTAKER (ADDRESS): KRUEGSHAUSER UNT CO 4228 S KINGSHIGHWAY

20. FILED 7-23 1934 D. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3PM m.

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

	Date of onset
Suicide by firearms	7/23/3
167	

Other contributory causes of importance:

Gun shot wound thru head.	7/23/3

Name of operation Date of

What test confirmed diagnosis physical signs Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury 7/23/38
Where did injury occur? Clayton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Nature of injury suicide by firearms
Gun shot wd of head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John E Connell, M. D.
707 Coroner pf St. Louis County Mo.

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.