

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.

RECEIVED OCT 1 1939

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

33820
Do not use this space.

1. PLACE OF DEATH

OCT 13 1939

(a) County Lewis Registration District No. 895
 (b) Township W. Spring Primary Registration District No. 6197 Registered No. 8
 (c) City Lepus (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 66 yrs. 3 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

575 **ROBERT HENRY DUNCAN**
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Maymie Duncan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 3 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Little Rock, Mo.

FATHER 13. NAME Andrew Duncan

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

MOTHER 15. MAIDEN NAME Martha Mason

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

17. INFORMANT (ADDRESS) Maymie Duncan

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason identified DATE May 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Dish

20. FILED Oct. 11 1939 Mrs. J. E. Bone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1939, to 5-4-1939. I last saw him alive on 5-1-1939. Death is said to have occurred on the date stated above, at 6:00 m.

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

Angina Pectoris
 Date of onset _____
 Other contributory causes of importance: 94

Name of operation _____ 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 _____
 Nature of injury _____

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

(Signed) es Jones, M. D.
 (Address) Piedmont, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Norman W. Gish

Licensed Embalmer No. *3387*

P. O. Address *Dudman M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.