

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

**11605**

Do not use this space.

1. PLACE OF DEATH **FILED APR 23 1940**  
 (a) County **Livingston** Registration District No. **1076**  
 (b) Township **Grand River** Primary Registration District No. **5681** Registered No. **5**  
 (c) City **Hale Mo** (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **525 Sophia Ann Duncan**

(a) Residence, No. \_\_\_\_\_ St.  **Hale Mo** (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 **female** 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 **Thomas A Duncan**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 26 1858**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**81 5 18**

OCCUPATION 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. **house keeper**  
 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) **Bedford Missouri**

FATHER 13. NAME **Thomas B Twombly**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Haverhill Mass.**

MOTHER 15. MAIDEN NAME **Asenith Wilson**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Howard Co Mo**

17. INFORMANT **Keturah White side**  
 (ADDRESS) **Hale Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cameron cemetery** DATE **March 17 1940**

19. FUNERAL DIRECTOR **Smiley Funeral Home**  
 (ADDRESS) **Wheeling Mo**

20. FILED **Mar 16 1940** **Mrs. Chas. Ludwig**  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 15 1940**

22. I HEREBY CERTIFY: That I attended deceased from **Jan 1930 to March 15 1940**  
 I last saw him alive on **Feb 22 1940** Death is said to have occurred on the date stated above, at **7 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Undoubtedly due to coronary thrombosis. Although found lifeless in bed like sleeping. Has been under care**

Other contributory causes of importance: **for myocardial and valvular insufficiency for 10 or more years**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis **physical** 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) **John Hardy**, M. D.  
 (Address) **Sumner 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.

X12004

District Health Officer No. 11,  
District File Number 440-454  
Date Filed APP 9 1940

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Frank L. Smiley

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

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.)



11605 (1940)