

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED OCT 14 1942

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

Do not use this space.

29693

1. PLACE OF DEATH

County Barry Registration District No. 11
Township Wheaton Primary Registration District No. 40250
City Wheaton (No. 0) St. 0 Ward 0

2. FULL NAME James Alexander Duncan

(a) Residence, No. 1 St. 0 Ward 0
(Usual place of abode)
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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1889

7. AGE YEARS 53 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Barry County Missouri

13. NAME Charles B. Duncan

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

15. MAIDEN NAME Saran Higgs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT Mrs. W. C. Chenoweth (ADDRESS) Wheaton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chilwood Cem DATE Sept. 17 1942

19. UNDERTAKER Wm. Marys Pope (ADDRESS) Wheaton Mo.

20. FILED Sept-17-1942 Grace Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14 1942

22. I HEREBY CERTIFY, that I attended deceased from Sept 11 1942 to Sept 14 1942

I last saw him alive on Sept 14 1942 Death is said to have occurred on the date stated above, at 4:20 p. m.

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

Sudden Intoxication Date of onset Sept 11

Other contributory causes of importance: 2

Name of operation 1200 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, 1942

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? If so, specify

(Signed) John R. Elliman M.D. (Address) Wheaton Mo

1077

RECEIVED

District Health Officer No. 6;

District File Number 1042-1484

Date Filed OCT 12 1942

P.O. Address *Wheaton, Ill*

Licensed Embalmer No. *3442*

Wm. Morris Jones Signed--

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