

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.

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

PLACE OF DEATH
County Saline
Township Clay
OR
Village _____
OR
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1126 File No. 35037
Primary Registration District No. 6043 W Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME James Pendleton Duncan

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Widower
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Oct. 22, 1913
(Month) (Day) (Year)

AGE 82 yrs. 8 mos. 3 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Kentucky

PARENTS
NAME OF FATHER Benjamin J. Duncan
BIRTHPLACE OF FATHER Kentucky
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Sarah Pendleton Duncan
BIRTHPLACE OF MOTHER Kentucky
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. L. Duncan
(ADDRESS) Gilliam Mo

Filed 10/24 1913

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 31st, 1914, to Oct 22, 1913, that I last saw him alive on Oct. 21st, 1913, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH* was as follows:

Senility
104 A
11 1/2 (Duration) yrs. mos. ds.

Contributory Cold
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) W. L. Miller M. D.
Oct. 22, 1913 (Address) Gilliam Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Fish Creek Cem. DATE OF BURIAL Oct. 24, 1913

UNDERTAKER Dr. Gerner ADDRESS Gilliam Mo

WRITE IN PLAIN

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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PLACE OF DEATH		REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	Saline	Registration District No.	1136	File No.	
Township	Clay	Primary Registration District No.	6043A	Registered No.	
Village					
City		(NO.		St.	Ward)
FULL NAME		James Pendleton Duncan			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
M	W	Widow	Oct. 27, 1913		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
Satisfactory Information Supplied.			191, to, 191,		
(Month) (Day) (Year)			that I last saw h. on		
AGE			and that death occurred, on the date stated above, at m.		
IF LESS than 1 day, 2 hrs. or min.			The CAUSE OF DEATH* was as follows		
OCCUPATION			Satisfactory Information Supplied.		
(a) Trade, profession, or particular kind of work			(Duration) yrs. mos. ds.		
(b) General nature of industry, business, or establishment in which employed (or employer)			Contributory		
BIRTHPLACE (City or town, State or foreign country)			(SECONDARY) (Duration) yrs. mos. ds.		
PARENTS	NAME OF FATHER		(Signed) M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		191 (Address)		
	MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death yrs. mos. ds. In the State yrs. mos. ds.		
(Informant)			Where was disease contracted if not at place of death?		
(ADDRESS)			Former or usual residence		
Filed 10/24/13 W. L. Sharkey			PLACE OF BURIAL OR REMOVAL		
REGISTRAR			Satisfactory Information Supplied.		
			DATE OF BURIAL		
			191		
			UNDERTAKER		
			ADDRESS Supplied.		

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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