

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

Do not use this space.

20051

**1. PLACE OF DEATH**

58 County Clay  
Township Meadville  
City Meadville (No.            St.            Ward           )

Registration District No. 499  
Primary Registration District No. 5664

File No.             
Registered No. 6

**2. FULL NAME**

(a) Residence, No. RFD 1 Meadville St.            Ward.             
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 = 1883

7. AGE YEARS 49 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) June 1/32 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadville Mo

13. NAME J. P. Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Ohio

15. MAIDEN NAME Late Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Ohio

17. INFORMANT W. H. Duncan (ADDRESS) Meadville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ogden Cemetery June 4, 1932

19. UNDERTAKER Hunter & Hollins (ADDRESS) Brookfield Mo.

20. FILED June-4-1932 Geo. H. Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1932

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 10:30 p.m.

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

Accidental, caused by falling and fracturing skull

Other contributory causes of importance:           

Name of operation none Date of           

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 2, 1932

Where did injury occur? Near Meadville Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury fell and struck head on

Nature of injury fracture of skull

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

If so, specify           

(Signed) W. H. Morrison M. D.

(Address) W. H. Morrison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

48-11-26 11:23 1932

5

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

## 1. PLACE OF DEATH

County LinnTownship ClayCity \_\_\_\_\_ (No. \_\_\_\_\_)Registration District No. 499Primary Registration District No. 5664

File No. \_\_\_\_\_

Registered No. 6

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Duncan May Duncan

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) M5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1883

| 7. AGE   | YEARS     | MONTHS   | DAYS      | If LESS than 1<br>day, _____ hrs.<br>or _____ min. |
|----------|-----------|----------|-----------|--|
| <u>X</u> | <u>48</u> | <u>X</u> | <u>11</u> | <u>X</u>   |
|          |           |          | <u>26</u> |  |

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.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) \_\_\_\_\_

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) \_\_\_\_\_17. INFORMANT  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_

DATE \_\_\_\_\_

19

19. UNDERTAKER  
(ADDRESS) \_\_\_\_\_20. FILED June 6 - 1932Geoff Clark  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

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