

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

Do not use this space.

APR 1 6 1935

8529

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township Jefferson

Primary Registration District No. 5293

City Elston

(No. R. R. #1 Box 51)

File No. 102

Registered No. _____

St. _____

Ward _____

2. FULL NAME Alexander Duncan

(a) Residence, No. Elston, Mo.
(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

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

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

Adelaine Duncan

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

About 86

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

Laborer

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)

Callaway Co., Mo.

13. NAME

George Duncan

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

Jim Duncan R.R.#1 Box 51

(ADDRESS)

Elston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cole Junction, Mo. DATE 3/23

35

19. UNDERTAKER

(ADDRESS)

Heinrichs Funeral Home
Jefferson City, Mo.

20. FILED

3/23

1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from

2-19, 1935, to 3-20, 1935

I last saw him alive on 2-19, 1935 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:

Cardio Renal
Chronic vascular
Heart
& Chronic Nephritis

Date of onset

Other contributory causes of importance:

Probably gastric
curculionid

Name of operation _____

Date of _____

What test confirmed diagnosis? Chronic 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)

J. H. Beal, M. D.
Prussellville, Mo.

