

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

Do not use this space.

5090

1. PLACE OF DEATH

49 County Jasper Registration District No. 408
Township Madison Primary Registration District No. 5564
City Route 8 - Carthage St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Charles L. Duncan

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>53</u>	<u>10</u>	<u>17</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170

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) Osage County Missouri

13. NAME William Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County Missouri

15. MAIDEN NAME Nancy Deere

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County Missouri

17. INFORMANT (ADDRESS) Mrs. Ima Duncan Route 8 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker, Mo. DATE Feb. 17, 1932

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Missouri

20. FILED 2/17 1932 E. H. Hatcher Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1931, to Feb. 19, 1932
I last saw him alive on Feb. 19, 1932. Death is said to have occurred on the date stated above, at 2 p. m.

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

chr. interstitial nephritis & hypertension, 131-131-950-102
Date of onset Jan. 1931

Other contributory causes of importance: cardiac decompensation Feb. 1932

Name of operation none Date of _____

What test confirmed diagnosis? W.M.P. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) H. A. LaFare, M. D.
(Address) Carthage 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.

MAR 23 1932

