

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.

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

Do not use this space.

36295

1. PLACE OF DEATH
 57 County Lincoln Registration District No. 488
 3 Township Hawk Point Primary Registration District No. 4295
 1 City Hawk Point (No. 3) St. _____ Ward _____

2. FULL NAME William Duncan
 Residence No. Hawk Point St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 66 mos. ds.

File No. 3
 Registered No. _____

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-6-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
66 8 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) owner
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Leans Mill, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Clay Duncan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Duncansville, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Weyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dolet Knoss, Ill.
 (STATE OR COUNTRY)

14. INFORMANT W. H. Duncan
 (Address) Hawk Point, Mo.

15. FILED 11/26, 1932 W. F. Garrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 - 1932

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1931 to Nov. 24, 1932 (that I last saw him alive on Nov. 24, 1932 and that death occurred, on the date stated above, at 3-40-7 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy cerebral
131

CONTRIBUTORY (SECONDARY) Nephritis, interstitial
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory
 (Signed) John Butler M. D.
11-25-1932 (Address) Hawk Point Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hawk Point Cemetery DATE OF BURIAL 11-26-1932

20. UNDERTAKER Kempner Bros ADDRESS Troy Mo

