

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

Do not use this space.

20036

1. PLACE OF DEATH

County Franklin

Registration District No. 296

Township Union

Primary Registration District No. 4180

City Union

(No. _____ St. _____ Ward _____)

File No. _____

Registered No. _____

2. FULL NAME Robert Monroe 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934 to June 3, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1934

I last saw him alive on June 3, 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

Starvation

Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

13. NAME Robert L. Duncan

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.

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

Manner of injury _____
 Nature of injury _____

15. MAIDEN NAME Edith M. Leach

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

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

(Signed) John R. Marshall, M. D.
 (Address) Union, Mo.

17. INFORMANT Robert L. Duncan (ADDRESS) Union, Mo.

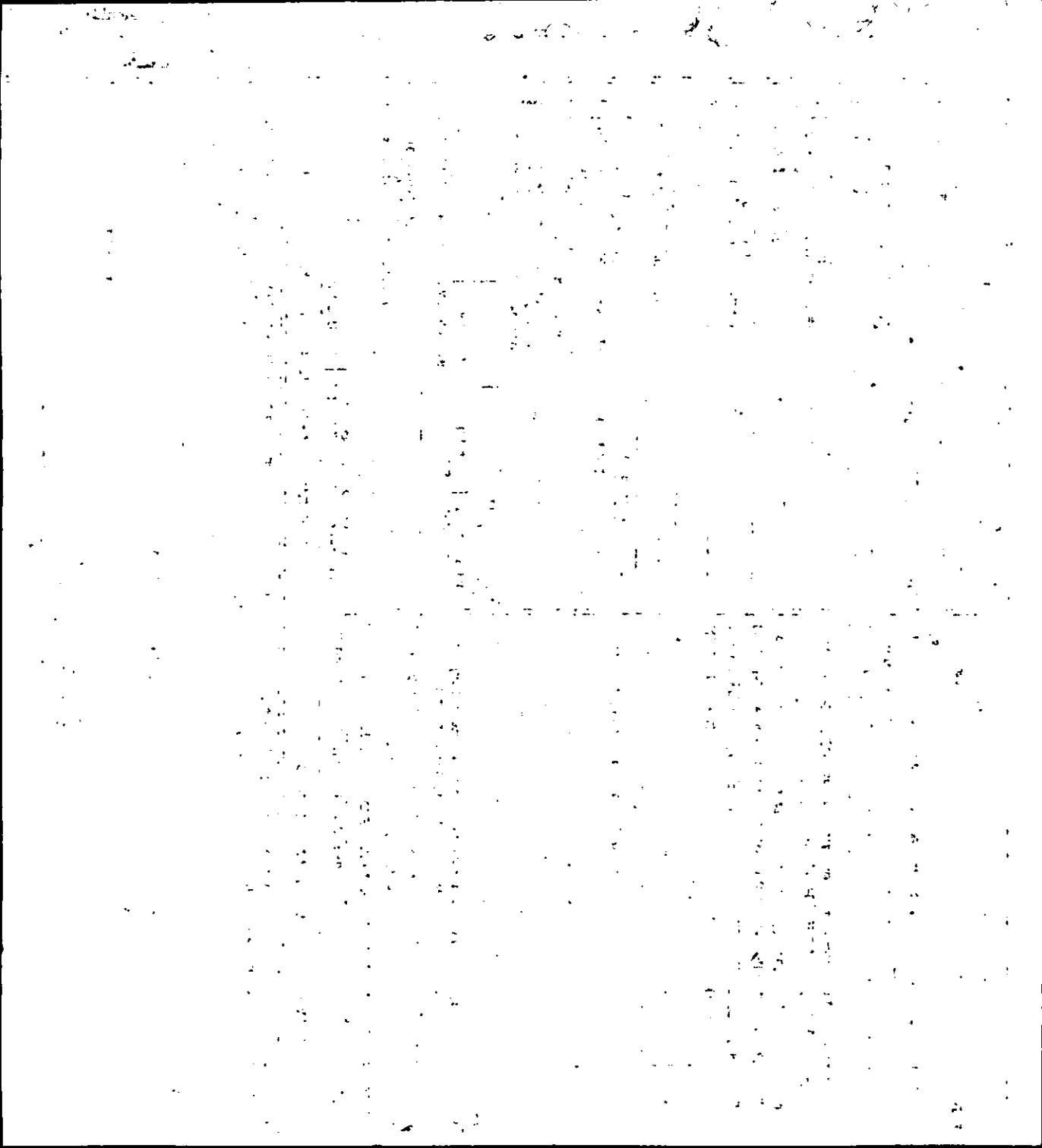
18. BURIAL, CREMATION, OR REMOVAL PLACE Bland, Mo. DATE 6/3/ 19 34

19. UNDERTAKER Union Furn. Co. (ADDRESS) Union, Mo.

20. FILED 6/4/34 19 34 J R Marshall Registrar

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.

AUG 2 1934



#2 *Franklin*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Robert Monroe Duncan
Who died at _____ on June - 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months 1 Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Starvation - mother's milk was not sufficient in quality or quantity.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. R. Marshall Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 296 Very truly yours,

Primary Reg. Dist. No. 4180 E. T. McLaugh, M.D.

Special Agent. K

DEPARTMENT OF COMMERCE

BUREAU OF CUSTOMS

ENTRY FORM

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