

JUN 13 1935

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

Do not use this space.

16494

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township 1st Primary Registration District No. 1002  
City Kansas City (No. 3608 Independence Ave. St. 2000 Ward) (If nonresident, give city or town and State)

2. FULL NAME Duncan Pecken  
(a) Residence, No. 3608 Indp. Ave., St. 2000 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1 - 1856  
7. AGE YEARS 79 MONTHS 1 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Anterior  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Secretary  
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) Scotland

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Dr. J. B. Thompson  
(ADDRESS) 4156 Calhoun Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE \_\_\_\_\_ DATE May - 14 - 35

19. UNDERTAKER Mrs. L. L. Foster  
(ADDRESS) 718 Broadway Avenue

20. FILED May 13 1935 M. M. Corcoran  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934 to May 12, 1935  
I last saw him alive on May 11, 1935. Death is said to have occurred on the date stated above, at 11 a. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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? No

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

(Signed) Carlin P. Johnson, M. D.

(Address) 836 Apple Blvd  
R. O. Mo.

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.

Wm. A. M. Johnson  
Argyle Pa.

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