

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Phelps Registration District No. 677 File No. 7635
Township Rolla Primary Registration District No. 4403 Registered No. 24
City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME James Duncan

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 20 1916</u>		
7. AGE	YEARS 20	MONTHS F
	DAYS 1	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Big Piney
(STATE OR COUNTRY) MoFATHER 13. NAME John Duncan14. BIRTHPLACE (CITY OR TOWN) Big Piney
(STATE OR COUNTRY) MOMOTHER 15. MAIDEN NAME Stella Dean16. BIRTHPLACE (CITY OR TOWN) Hutton
(STATE OR COUNTRY) MO17. INFORMANT John Duncan
(ADDRESS) Big Piney18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship Cem DATE Feb 23 193719. UNDERTAKER Null and Son
(ADDRESS) Rolla, Mo20. FILED Feb 28 1937 Geo. F. Adams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937, to Feb. 22, 1937I last saw him alive on Feb. 21, 1937. Death is saidto have occurred on the date stated above, at 6:15 a.m.

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

*General Peritonitis
of following
appendicitis*

Date of onset

Other contributory causes of importance: 121Name of operation Appendectomy Date of 2-9-37

What test confirmed diagnosis? _____ 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?

If so, specify Appendicitis
(Signed) Geo. F. Adams, M. D.(Address) Rolla 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.

