

REC'D DEC 14 1938

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

38149

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Yew Primary Registration District No. 1007 Registered No. 4383  
(c) City K.C. Mo. (d) Street No. General Hospital #2 St. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

525 Yvelverney Duncan  
(a) Residence, No. 800 Park St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1868  
7. AGE YEARS 70 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed  
9. Industry or business in which work was done, as saw mill, bank, etc. -  
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) Don't know

13. NAME James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Record Clerk, General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cem DATE 11-17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) West, Appleton Jones

20. FILED Nov 10 1938 Dr. Jones Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5 1938, to 11-9 1938

I last saw her alive on 11-9 1938 Death is said

to have occurred on the date stated above, at 1:35 a.m.

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

Broncho Pneumonia  
10/10

Other contributory causes of importance:

Generalized Arteriosclerosis

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? Yes

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 -

(Signed) J. C. Brewer M. D.

(Address) General Hospital #2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*C. H. West*

Licensed Embalmer No. *2710*

P. O. Address *1905 Vine St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**