

REC'D JUN 8 1939

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

18713
Do not use this space.

1. PLACE OF DEATH
 (a) County Grundy Registration District No. 328
 (b) Township Jackson Primary Registration District No. 5460
 (c) City _____ (d) Street No. _____ 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. da.

2. PRINT FULL NAME ROBERT LEE DUNCAN
 (a) Residence, No. _____ 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 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 Nancy Loviea Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 5 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Platt Co., Mo.

13. NAME Jacobariah Taylor Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

15. MAIDEN NAME Mary Elizabeth Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

17. INFORMANT R. C. Duncan
 (ADDRESS) Trenton 9th RR. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Grundy Center DATE March 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Robertson
Largo Mo.

20. FILED 2-27 1939 Irene D. Fair
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from August 27 to Feb 27, 1939
 I last saw him alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 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? no
 If so, specify _____
 (Signed) Oliver F. Duffy, M. D.
 (Address) Trenton, 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.

RECEIVED

District Health Officer No. 117

District File Number 39-553

Date Filed JUN 1 1939

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.....

E. J. Robertson

....., Registered Apprentice No.....

working under my personal supervision.

Signed *E. J. Robertson*

Licensed Embalmer No. 2468

P. O. Address *Farmers, Md*

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.