

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

Do not use this space.

27

1917

1. PLACE OF DEATH
 5 County Barry Registration District No. 31
 Township Wheaton Primary Registration District No. 5042e
 City Wheaton (No. _____, St. _____ Ward)

File No. _____
 Registered No. 2

2. FULL NAME Nancy Jane Duncan 525
 (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

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30th 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 1 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

FATHER
 13. NAME James Kelley 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 9

MOTHER
 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT A. M. Duncan (ADDRESS) Wheaton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockycomfort DATE Jan 11 1938

19. UNDERTAKER G. A. Pogue & Son (ADDRESS) Wheaton Mo.

20. FILED Jan. 25 1938 Donald Blankenship Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec - 15 - 1937, to Jan - 9 - 1938
 I last saw her alive on Jan 4 - 1938 Death is said to have occurred on the date stated above, at 5 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
 RECEIVED
 FEB 21 1938
 Other contributory causes of importance: _____

870
 BUREAU OF VITAL STATISTICS
 MO. STATE BOARD OF HEALTH
 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) O. S. McBell, M. D.
 (Address) Wheaton Mo.

Note: 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.

