

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.

OCT 31 1930

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

Do not use this space.
33946

1. PLACE OF DEATH

County St. Francois Registration District No. 6274 File No. 153
Township St. Francois Primary Registration District No. 60180 Registered No. _____
City Flat River (No. _____) St. _____ Ward _____

2. FULL NAME Mary E. Duncan

(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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Duncan
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20 - 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 9 11 — — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER William Stegally
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not known

14. INFORMANT Lerie Duncan (Address) Flat River Mo.

15. FILED Oct 3 1930 W J Bryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1 1930
17. I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to Oct 1, 1930, and that I last saw her alive on Oct 1, 1930, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of breast
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY Pneumonia (broncho) (SECONDARY) (duration) — yrs. — mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
19. WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) Edwin Rohrbach, M. D.
10/3, 1930 (Address) Flat River Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parkview Cemetery DATE OF BURIAL Oct 3 1930
20. UNDERTAKER Raymond Caldwell ADDRESS Flat River Mo.

