

COMMONWEALTH OF KENTUCKY  
 BOARD OF HEALTH  
 DEPARTMENT OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
 1030-7534

PLACE OF DEATH  
 County Scott  
 Vol. No. 1030-7534  
 Inc. Town  
 City (No. .... St. .... Ward)

Registered No. 20984  
 If death occurred in a hospital or institution, give its name, location, street and number.

FULL NAME Lesley K. Duncan

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**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)

DATE OF BIRTH 5 21 1  
 (Month) (Day) (Year)

AGE 5 yrs. 5 mos. 21 ds. If LESS than 1 day - hrs. or - min.?

OCCUPATION  
 (a) Trade, profession, or particular kind of work Student  
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) County of Scott Ky

PARENTS  
 10 NAME OF FATHER Graves Duncan  
 11 BIRTHPLACE OF FATHER (State or country) Ky  
 12 MAIDEN NAME OF MOTHER Delia Johnson  
 13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Delia Duncan  
 (Address) Scott, Ky

Filed June 16, 1917 W. H. Hall REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

15 DATE OF DEATH June 16, 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1917, to June 16, 1917, that I last saw her dead June 16, 1917, and that death occurred, on the date stated above, at 6 A. M.  
 The CAUSE OF DEATH\* was as follows:

(Duration) ..... yrs. .... mos. .... ds.  
 Contributory heart disease  
 (Secondary) (Duration) ..... yrs. .... mos. .... ds.  
 (Signed) H. C. Keall, M. D.  
 (Address) Scott, Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
 At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
 ..... 1917

20 UNDERTAKER ADDRESS

11-5184