SEP 28 1927

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

Do not use this space.

24738

1. PLACE OF DEATH
County Laclede — Registration District No. 45-3 — File No.
Township Gasconade — Primary Registration District No. 5-619 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lucy Cansler
(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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Cansler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13-1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	7	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) Dalis Co Mo

PARENTS

10. NAME OF FATHER L. D. Chandler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Trendble Co Kent
12. MAIDEN NAME OF MOTHER Martha A Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richland
(STATE OR COUNTRY) Mo

14. INFORMANT Frank Cansler
(Address) Braunfield Mo

15. FILED Aug 30 1927 — 2 D Hartley — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastritis & Enteritis
1200
1390
1180
(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Menafausi
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jno. B. Atchley, M. D
, 19 (Address) Lebanon

*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: Crosswrades Cemetery — DATE OF BURIAL: 8-10 1927

20. UNDERTAKER: Holman & Stewart — ADDRESS: Lebanon 1120

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.