

1928

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

Do not use this space.

10182

## 1. PLACE OF DEATH

County Polk  
Township Johnson  
City Johnson (No. ....) St. .... Ward)

Registration District No. 703  
Primary Registration District No. 4424

File No. ....  
Registered No. 7

## 2. FULL NAME

Lucinda Kathryn Rathborn

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

James Rathborn

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 5 - 1846

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, \_\_\_ hrs.  
or \_\_\_ min.

82

0

10

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Johnson

## 10. NAME OF FATHER

Wm Kee

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

## 12. MAIDEN NAME OF MOTHER

don't know

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

## 14.

INFORMANT  
(Address)

Jim Rathborn  
Humansville Mo

## 15.

FILED

74 28  
St. Nevinis

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 15 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from Mar 13, 1928, to Mar 15, 1928 that I last saw h. .... alive on Mar 15, 1928, and that death occurred, on the date stated above, at 10:30 a m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia

## CONTRIBUTORY (SECONDARY)

## 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).....

R. O. Nevinis, M. D.

, 19 (Address) Flemington 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

DATE OF BURIAL

Humansville Cemetery

3-16 1928

## 20. UNDERTAKER

ADDRESS

J. A. Joseph

Humansville

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.





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