APR 30 1929.

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

Do not use this space.

11763

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City ..... (No. ..... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 5862

File No. .....
Registered No. 47

2. FULL NAME Lucinda Kizer

(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: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

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

7. AGE: About 40 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

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

235

9. BIRTHPLACE (CITY OR TOWN) Guntersville
(STATE OR COUNTRY) Ala

2

PARENTS

10. NAME OF FATHER Wm. Esau

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Guntersville
(STATE OR COUNTRY) Ala

2

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Guntersville
(STATE OR COUNTRY) Ala

2

14. INFORMANT Earnest Kizer
(Address) Caruthersville, Mo.

15. FILED Apr. 9, 1929 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-2- 1929, to 3-30 1929 that I last saw her alive on 3-30- 1929 and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) ..... 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? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Thomas J Collins, M. D.

Mar. 31, 1929 (Address) Caruthersville 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: Mason Cemetery
DATE OF BURIAL: 3-31 1929

20. UNDERTAKER: Wm. Hardrick
ADDRESS: Cville

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ONE 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.