

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

Do not use this space.

8333

1. PLACE OF DEATH

County St. Louis
Township Cooper
City St. Louis (No. _____)

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Effie J. Lonsford

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 28

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 employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Wesley Drago

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Princeton
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Ada Horns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) MO

14. INFORMANT Sam Ruck
(Address) Alford mo A.R.3

15. FILED 3/9, 19 30 C. B. Benge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 1930

HEREBY CERTIFY, That I attended deceased from Jan 1, 1920, to March 8, 1930.
(that I last saw h. alive on March 4, 1930, and that death occurred, on the date stated above, at 1.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
2.5 yr
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. do not know

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. J. Linker, M. D.
, 19 30 (Address) St. Louis 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 Consoath Cemetery DATE OF BURIAL 3/9 1930

20. UNDERTAKER Leroy H. Phillips ADDRESS St. Louis MO

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 22 1930

