

SEP 25 1930

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

Do not use this space.

27210

1. PLACE OF DEATH

County Lewis
Township Labell
City Labell (No.)

Registration District No. 479
Primary Registration District No. 4288

File No.
Registered No.
St. Ward)

2. FULL NAME

Frances Burckhardt

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 3 - 1843

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87, 7, 6

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) Housekeeping
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Cedar Rapids, Iowa

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Mary Sadate
(Address) Shubsville, Mo

15. FILED 8/9 30 J L Bourne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 9 1930 to Aug 9 1930, that I last saw her alive on Aug 9 1930, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancer of Lungs 41.5
2000 Hours 12-78

CONTRIBUTORY (SECONDARY) Infecting gall bladder
(duration) 1 yrs. 1 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Not at place of death
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Positive Stg
(Signed) A. N. Billeau, M. D.
, 19 (Address) Labell 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 Pleasant Grove Cem
Shubsville Mo DATE OF BURIAL 8/10 1930

20. UNDERTAKER John P. Brothers
ADDRESS Shubsville 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.

RECORD

