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

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.

APR 27 1931

100

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

Do not use this space.

12984

1. PLACE OF DEATH
County: Washington — Registration District No.: 887
Township: Union — Primary Registration District No.: 6182
City: ..... (No. ....., ... St. ..... Ward)

File No.: .....
Registered No.: 17

2. FULL NAME: Lucille Heads.

(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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2 - 1925

7. AGE: Years 6 | Months 0 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): This Co.

FATHER
13. NAME: Wesley Heads
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co.

MOTHER
15. MAIDEN NAME: Pauline Pounds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co.

17. INFORMANT (ADDRESS): Wesley Heads, Carman Mines, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blackwell, Mo. DATE: 3 - 8, 1931

19. UNDERTAKER (ADDRESS): Bayer & Son, Potosi, Mo.

20. FILED: 3 - 8, 1931 Jno. L. Thurman, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 - 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1931, to March 7, 1931
I last saw her alive on Mar. 5, 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Stomatitis	
4 days	
9 days	

Other contributory causes of importance:
With Chicken Pox

Name of operation: ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G. F. Thurman, M. D.
(Address) Potosi, Mo.