13512-1

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

Do not use this space.

13512-A

File No. .....

Registered No. #

1. PLACE OF DEATH

County Christian — Registration District No. 183 ~~184~~

Township Sparta Shady Grove — Primary Registration District No. 5258

City Sparta Mo, R.R. (No. ..... St. ..... Ward)

2. FULL NAME Lucinda Gann

(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.

SEP 22 1931

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Robert Bud Gann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7" 1832

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	3	14	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Weatherman

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

12. MAIDEN NAME OF MOTHER Mary Wesmoorland

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

14. INFORMANT Robert Gann
(Address) Sparta Mo, R.R.

15. FILED 9-4 1931 Mrs. L. B. Clemens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21" 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Apr 21, 1931, that I last saw her alive on Apr 14, 1931, and that death occurred, on the date stated above, at 5 O'Clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic arthritis resulting in myocarditis

59A
42B
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) 15 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) R. R. Farthing, M. D.

Apr 21, 1931 (Address) Ozark 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
Shipman Cemetery	April 22nd 1931

20. UNDERTAKER	ADDRESS
T. B. Chaffin	Ozark, 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.

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