

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.

21-193

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

Do not use this space.

27618

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff, Missouri

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 174
St. _____ Ward _____

2. FULL NAME Lucindia Caroline Frizzell

(a) Residence, No. Park Avenue St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. Frizzell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>1</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Butler County
(STATE OR COUNTRY) Missouri

13. NAME Joshua Bullock

14. BIRTHPLACE (CITY OR TOWN) Medford County
(STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Katherine Jane Seals

16. BIRTHPLACE (CITY OR TOWN) Medford County
(STATE OR COUNTRY) Tennessee

17. INFORMANT W. A. Bullock
(ADDRESS) Cape Girardeau, Missouri

18. BURIAL PLACE Woodlawn DATE Aug 23, 1931

19. UNDERTAKER Greer Undertaking Company
(ADDRESS) Poplar Bluff, Missouri

20. FILED Aug 22, 1931 B. J. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Aug 21, 1931
I last saw him alive on Aug 19, 1931. Death is said to have occurred on the date stated above, at 7: A m.

The principal cause of death and related causes of importance were as follows:

Coronary heart
50
50
Date of onset 1916

Other contributory causes of importance:

metastasis
Name of operation Radical heart surgery Date of June 1930
What test confirmed diagnosis? Autopsy Was there an autopsy? no

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? _____
If so, specify _____
(Signed) W. H. Penick, M. D.
(Address) Poplar Bluff, Mo

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