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 26 1932

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

Do not use this space.

8154

1. PLACE OF DEATH

40 County Linda — Registration District No. 330 — File No.

4 Township — Primary Registration District No. 3017 — Registered No.

7 City Trenton (No. ..., ... St. ..... Ward)

2. FULL NAME Lucinda Kackley.

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20th, 1852

7. AGE: YEARS 79 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Missouri 1

FATHER
13. NAME: Ashberry Terry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Konow 31

MOTHER
15. MAIDEN NAME: Sarah Stout
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

17. INFORMANT (ADDRESS): Lon Kackley

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Grove DATE: Mar 12. 1932

19. UNDERTAKER (ADDRESS): Gipson Furniture Co.

20. FILED 11 Mar 1932 E. A. Duffy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to March 9, 1932

I last saw her alive on March 9, 1932 Death is said to have occurred on the date stated above, at 1:50 p m.

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

	Date of onset
Influenza	2-15-32
92 B	
11 B	
Other contributory causes of importance:	
Endocarditis	1930

Name of operation: None Date of

What test confirmed diagnosis? Clinical 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: None

Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: O R Rooks

(Signed) O R Rooks, M. D.

(Address) Trenton Mo