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.

MAY 23 1932

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

Do not use this space.

11774

1. PLACE OF DEATH
12 County Butler — Registration District No. 89
2 Township — Primary Registration District No. 3007
7 City Poplar Bluff, Mo. (No. ..., ... St. ..... Ward)

File No. .....
Registered No. 69

2. FULL NAME Lucy Southwick

(a) Residence, No. 609 N. 6th 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. 10 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam G. Southwick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/25/1853.

7. AGE: YEARS 78 — MONTHS 3 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year): 1/25/32
11. Total time (years) spent in this occupation: 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Humboldt, Tenn

FATHER
13. NAME: William Younger Fuqua
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Whit Snow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): V. W. Laval (Son)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Park DATE: Cape Chaffee, Mo 4-27

19. UNDERTAKER (ADDRESS): Bingleighoff & Hubbard Chaffee Mo

20. FILED: April 16, 1932 B J Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1932, to April 15, 1932
I last saw her alive on April 15, 1932. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/12/32
Myocardial failure	4/14/32

Other contributory causes of importance:
Fracture left hip
1866
1948
1860
(1)

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 4/25, 1932
Where did injury occur? Poplar Bluff Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. L. Kuibert, M. D.
(Address) Poplar Bluff, Mo.