

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

Do not use this space.

27154

1. PLACE OF DEATH

94 County St. Francois
Township St. Francois
Near City Farmington, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 93

2. FULL NAME

Lucy M. Clarkson

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 75?

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) no information

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sibley Mo DATE Aug 23 1932

19. UNDERTAKER W. H. Bowman (ADDRESS) Sibley, Mo.

20. FILED Aug 23 1932 V. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1932

22. I HEREBY CERTIFY, That I attended deceased from for one day only the day of death I last saw her alive on Aug 22 1932 Death is said to have occurred on the date stated above, at 7:30 p.m. The principal cause of death and related causes of importance were as follows:

Retained Carcinoma of unknown location, seen in April 1930

Other contributory causes of importance: Semipalmated and Diabetes mellitus

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical tests 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) R. S. Felt, M. D.

(Address) Hosp # 4 Farmington Mo

Date of onset _____
Dr. R. S. Felt
Dr. J. H. Felt
Dr. J. H. Felt
Dr. J. H. Felt

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.

SEP 26 1932

THIS IS A PERMANENT RECORD

