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

Do not use this space.

8749

File No.

Registered No. 768

APR 24 1933

1. PLACE OF DEATH
County Cape
Township
City Cape Girardeau (No. , St Francis Hospital Ward)

Registration District No. 125
Primary Registration District No. 3009

2. FULL NAME Rosa Lee Lightner

(a) Residence, No. St., Ward. Illmo, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF J. P. Lightner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 1875

7. AGE: Years 58 | Months 0 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Glenwood, Iowa

FATHER
13. NAME Fred Corkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Belle Fanning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Allie Wilson
(ADDRESS) Illmo Mo

18. BURIAL, CREMATION, OR REMOVAL
Lightner Cy. Illmo, Mo DATE 3/25 1933
(PLACE)

19. UNDERTAKER Bisplinghoff & Hubbard
(ADDRESS) Illmo, Mo.

20. FILED 3/24 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1933, to 3/23, 1933
I last saw her alive on 3/23, 1933. Death is said to have occurred on the date stated above, at 8-4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	
46E 46E	

Other contributory causes of importance:
Carcinoma of common duct

Name of operation Laparotomy Date of 3/24/33
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 —, 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) [illegible], M. D.
(Address) Cape Girardeau 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