

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

Do not use this space.

30296

1. PLACE OF DEATH
 County Mississippi Registration District No. 567
 Township East Prairie, Mo. Primary Registration District No. 4334
 City East Prairie, Mo. St. _____ Ward _____

2. FULL NAME Lucy Francis Ham.
 (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Sidney Ham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 1878

7. AGE YEARS 53 MONTHS 1 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) Stueb., Mo.

MOTHER FATHER

13. NAME Jandon Denton.

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

15. MAIDEN NAME Nancy Connel.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemiscot Co.

17. INFORMANT (ADDRESS) Wm. B. Denton, Stueb. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stueb. Cem. Stueb. Mo. DATE Sept 14, 1933

19. UNDERTAKER (ADDRESS) Travis N. Shelly

20. FILED Sept 12, 1933 Duff W. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933 to Sept 17, 1933
 I last saw her alive on Sept 12, 1933 Death is said to have occurred on the date stated above, at 9 p.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
82A (Cerebral)
 Other contributory causes of importance: 87 a 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 _____, 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 Dr. Martin, M. D.
 (Signed) _____ (Address) East Prairie, 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.

OCT 20 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

7-9-50

