

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County RANDOLPH Registration District No. 729
 Township CAIRO Primary Registration District No. 5963
 City CAIRO (No. _____) St. _____ Ward _____

File No. 6140
 Registered No. 3

2. FULL NAME

LUCINDA ESBRY

(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*) WIDOW
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 29, 1853
 7. AGE YEARS 80 MONTHS 5 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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) Mo.

13. NAME JOHN RIDGWAY

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

15. MAIDEN NAME SARAH BROCK

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

17. INFORMANT MRS Wm REYNOLDS
 (ADDRESS) CAIRO, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE COUNTY CEM DATE FEB. 5, 1934

19. UNDERTAKER SNOW-LEAVERTON
 (ADDRESS) MOBERLY-MO.

20. FILED Mar 10, 1934 J. P. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934 to Feb 3, 1934
 I last saw him alive on Feb 3, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

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

Arterio sclerosis Date of onset _____
127A
172
 Other contributory causes of importance: hypertension

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 _____ (Signed) John P. Allen, M. D.
 (Address) Cairo, Mo.

