

MAY 25 1934

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

Do not use this space.

13892

1. PLACE OF DEATH

County Polk
Township McIntire
City Sevier (No. _____)

Registration District No. 708
Primary Registration District No. 6927B

File No. _____
Registered No. 1934
St. _____ Ward _____

2. FULL NAME

Francis Ann Lightfoot

(a) Residence, No. _____ 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Sam'l Lightfoot
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1865
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 8 13

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) Victoria Co Mo

13. NAME John R. Bradshaw

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

15. MAIDEN NAME Martha Fette

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

17. INFORMANT (ADDRESS) Joe Bradshaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE April 14 34

19. UNDERTAKER (ADDRESS) Walterson Blue

20. FILED 5/17 1934 Mar Zumwalt Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1934

22. I HEREBY CERTIFY, That I attended deceased from april 1934, to mch 1934
I last saw her alive on mch 1934 Death is said to have occurred on the date stated above, 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

arteris Sclerosis
nephritis
dilated heart
mitral Regurgitation
dropsy
Other contributory causes of importance:
132 A
95 B
92 A
Date of onset 5 yrs

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was 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? no
If so, specify _____
(Signed) R. M. Mearns, M. D.
(Address) Dumasville, 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.

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