

AUG 11 1936

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

Do not use this space.

27762

1. PLACE OF DEATH

County St. Clair
Township Speedwell
City (No. St. Ward)

Registration District No. 769
Primary Registration District No. 6015

File No.
Registered No. 5

2. FULL NAME FRANK LINES

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Sarah Lines</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>2</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Penn

FATHER 13. NAME Thomas Lines

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary A Faught

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Mrs Sarah Lines
(ADDRESS) Schell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldorado Spgs, Mo
City Cemetry DATE 7/20/1936

UNDERTAKER Gwinn Siders
(ADDRESS) Eldorado Springs, Missouri

19. FILED 7/20 1936 Mrs J.W. Richardson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to 7-19, 1936
I last saw him alive on 7-19, 1936 Death is said to have occurred on the date stated above, at 1. A. M.
The principal cause of death and related causes of importance were as follows:

Anemia Perniciosa

7/20

Other contributory causes of importance: unknown

Name of operation None Date of
What test confirmed diagnosis? clin. Diag Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 20, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify no

(Signed) J.W. Richardson, M. D.
(Address) J. J. J. J.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information is both reliable and up-to-date.

The third section provides a detailed breakdown of the results. It shows that there has been a significant increase in sales over the period covered. This is attributed to several factors, including improved marketing strategies and better customer service.

Finally, the document concludes with a series of recommendations for future actions. It suggests that the company should continue to invest in research and development to stay ahead of the competition. Additionally, it recommends regular audits to ensure ongoing compliance with all relevant regulations.