AUG 11 1938

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 — Registration District No. 769 — File No.

Township Speedwell — Primary Registration District No. 6015 — Registered No. 5

City (No. , St. Ward)

2. FULL NAME FRANK LINES

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Sarah Lines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 0 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

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

MOTHER

15. MAIDEN NAME Mary A Faught

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

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

18. BURIAL, CREMATION, OR REMOVAL Eldorado Spgs, Mo
PLACE City Cemetry DATE 7/20/1938

UNDERTAKER Gwinn-Sidors
(ADDRESS) Eldorado Springs, Missouri

FILED 7/20 1938 Mrs JW Richardson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to 7-19, 1938

I last saw him alive on 7-19, 1938. 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:

	Date of onset
Cerebral Hemorrhage	
7/20	

Other contributory causes of importance:

Unknown

Name of operation None Date of

What test confirmed diagnosis? Clin. Diag. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 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.
no

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) JW Richardson, M. D.

(Address) Tipton Mo

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