

FEB 19 1937

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

Do not use this space.

2830  
363

1. PLACE OF DEATH

County St. Francois Registration District No. 222  
Township St. Francois Primary Registration District No. 4463  
City Elvins (No. 9) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frank LaChance  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Catherine Isabelle LaChance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>4</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. worked for St. Joe 54 Lead Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 54 Lead Co.

10. Date deceased last worked at this occupation (month and year) 1-22-37 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marie La Motte Mo.

13. NAME James Andrew LaChance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marie La Motte Mo.

15. MAIDEN NAME Miss Laura LaChance *this is right*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marie La Motte Mo.

17. INFORMANT Mrs. Catherine LaChance (ADDRESS) Elvins Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Worham Flats DATE January 24, 1937

19. UNDERTAKER Blundell Wood (ADDRESS) Flat River Mo.

20. FILED 1-25-37 1937 B. B. Laird Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

22. I HEREBY CERTIFY That I attended deceased by request to Elvins Mo. on Jan 22, 1937. Death is said to have occurred on the date stated above, at A m. The principal cause of death and related causes of importance were as follows:  
Jury's Verdict:—  
Death due to accidentally falling rock.  
Other contributory causes of importance: \_\_\_\_\_  
20/19

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1-22-37  
Where did injury occur? Mines of St. Joe Lead Co. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury Crushed by falling rock  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify Lead Poisoning coroner's (Specify) St. Francois County  
Flat River, Mo

N. B.—Every item of informant 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.

