

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

Do not use this space.

MAR 25 1937

1. PLACE OF DEATH

County St. Francois
Township Iron
City San Francois (No. _____, St. _____ Ward)

Registration District No. 771
Primary Registration District No. 6017

File No. 7899
Registered No. _____

2. FULL NAME

Cora Anna Lincoln
(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Lincoln

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1896

7. AGE YEARS 41 MONTHS 1 DAYS 29 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) Reynolds Co. Mo.

13. NAME George Wisdom

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

15. MAIDEN NAME Francis Parker

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

17. INFORMANT (ADDRESS) John Lincoln

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveyard DATE 2-19 1937

19. UNDERTAKER (ADDRESS) W. Little & Sons

20. FILED 2-17 1937 W. Gale, M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-5 1937 to 2-16 1937

I last saw her alive on 2-16-37 19____ Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Hypertension

Date of onset _____

Other contributory causes of importance:

Angina Pectoris

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? NO

If so, specify _____

(Signed) Geo W. Hoffman M. D.
(Address) Burhamk mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

