

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Plitchall
City Franklin City (No. _____)

Registration District No. 913
Primary Registration District No. 6212

File No. 9318
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</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>Cora Lisle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25 1876</u>		
7. AGE <u>60</u>	YEARS <u>2</u>	MONTHS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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) <u>1925</u>

11. Total time (years) spent in this occupation <u>40</u>
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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Allen Dale Mo.</u>

13. NAME <u>George W. Lisle</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington</u>

15. MAIDEN NAME <u>Luna J. Vasser</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington</u>

17. INFORMANT (ADDRESS) <u>Cora Lisle</u> <u>Franklin City, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rock Cemetery</u> DATE <u>2/4/37</u>
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19. UNDERTAKER (ADDRESS) <u>Arch E. Dumble</u> <u>Franklin City, Mo.</u>
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20. FILED <u>3-8</u> 19 <u>37</u> <u>Ed. Mull M.D.</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:30 P.M.

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

Cerebral Carditis

Other contributory causes of importance:

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?

If so, specify _____

(Signed) W. Stirling Cronk

(Address) Franklin City, Mo.

9313-486

5-9318