

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

Do not use this space.

MAY 19 1937

16123

1. PLACE OF DEATH

County So. Co. Registration District No. 213 File No. 16123  
Township Jefferson City Mo. St. Mary Hosp. Primary Registration District No. 3014 Registered No. 147  
City Jefferson City Mo. St. Mary Hosp. St.          Ward)         

2. FULL NAME

Lucinda Ferriguy  
(a) Residence, No. 909 Moran Drive 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Ferriguy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 1867

7. AGE YEARS 74 MONTHS 2 DAYS 0 IF LESS than 1 day, hrs. or min.

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

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) Mo

13. NAME Dray Smith

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

15. MAIDEN NAME Lucinda Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Co.

17. INFORMANT Henry Ferriguy Jr

18. BURIAL, CREMATION, OR REMOVAL PLACE Shannon Mo. St. Mary Hosp. DATE April 19 1937

19. UNDERTAKER Dawson & Thayer

20. FILED 4/19/1937 D. B. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937 to April 17, 1937  
I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Cancer of uterous Date of onset 1937

Other contributory causes of importance: perforation bladder

Name of operation none Date of           
What test confirmed diagnosis? Lab Was there an autopsy? no

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) Edw. Macanus, M. D.  
(Address) Jefferson City Mo

