N. B.—Every item of information 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.

REC'D MAY 24 1938

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

Do not use this space.

15602

1. PLACE OF DEATH
County Pulaski
Township Piney
City ..... (No. ..... St. ..... Ward)

Registration District No. 714
Primary Registration District No. 5943

File No. 3A
Registered No. 4

2. FULL NAME John Clement Lancaster 522
(a) Residence, No. ..... 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: male
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: Rebecca Lancaster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 30, 1856

7. AGE: 8 — YEARS: 81 — MONTHS: 5 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

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.: Farm
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: 67

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bagota Ill

FATHER
13. NAME: John Clement Lancaster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): E. E. Lancaster, Bloodland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friendship Cem. DATE: Mar. 22, 1938

19. UNDERTAKER (ADDRESS): C. L. Vaughan & Son, Bloodland, Mo.

20. FILED: 5-9-1938 S. G. Koonce, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1/, 1937, to 3/21, 1937
I last saw him alive on 1/1/, 1937. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Lesion

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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? no
If so, specify .....
(Signed) C. G. Talbot, M. D.
(Address) Waynesville, Mo.

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