

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

Do not use this space.

REC'D JUN 15 1938

17665

1. PLACE OF DEATH

County Bollinger
 Township Lorange
 City Marble Hill Mo.

Registration District No. 67
 Primary Registration District No. 5702 E

File No.
 Registered No.
 St. Ward)

2. FULL NAME Francie Thurston

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 1st 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
73 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) Madison, Co.

13. NAME Dont Know

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

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs. Fred Shelton
 (ADDRESS) Lutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cox Cemetery DATE Mar 13th 1938

19. UNDERTAKER Baker Funeral Home,
 (ADDRESS) Lutesville, Mo.

20. FILED 5-18-1938 Mrs. C. A. Lander
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 - 1938, to Mar 12 1938
 I last saw her alive on Mar 12 1938. Death is said to have occurred on the date stated above, at 8-30 p.m.

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

Pneumonia - Lobes

Date of onset

Other contributory causes of importance:

none

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) J. A. Van Dineburgh M. D.

(Address) Lutesville, Mo.

By Mrs. H. D. Reynolds

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.

