

REC'D JUN 16 1938

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

Do not use this space.

18003

## 1. PLACE OF DEATH

County Christian  
Township Franklin  
City Franklin

Registration District No. 184  
Primary Registration District No. 4110

File No. ....  
Registered No. 12  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....  
(Usual place of abode)

Lucinda E. Lynch

5211

Ward. ....

(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

## MEDICAL CERTIFICATE OF DEATH

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

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

Evidon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28<sup>th</sup> 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 6 27 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME George Rucherson

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

15. MAIDEN NAME Mary Jordan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Jella Burks

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE March 30<sup>th</sup> 1938

19. UNDERTAKER (ADDRESS) V. B. Chaffin

20. FILED May 27<sup>th</sup> 1938 Luella Leonard Registrar. 170

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to March 27, 1938

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

to have occurred on the date stated above, at 7:45 a.m.

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

Sepsis Pneumonia Date of onset

Other contributory causes of importance:

108

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) J. H. Wade, M. D.

(Address) Franklin Mo.

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



ANSWERS TO ALL SPACES  
MADE IN RED PENCIL.

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

18003  
Do not use this space.

RELIGION OF DEATH *Christian*  
Registration District No. *184*  
Township *Ozark* Primary Registration District No. *4110*  
Registered No. \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
FULL NAME *Lucinda E. Lynch*  
Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

6. MARRIED, WIDOWED, OR DIVORCED  
BAND OF WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>83</i>	<i>6</i>	<i>27</i>	

8. OCCUPATION, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. INDUSTRY or business in which work was done, as saw mill, bank, etc.

10. Where deceased last worked at occupation (month and year)

11. Total time (years) spent in this occupation

12. PLACE (CITY OR TOWN) OR COUNTRY

13. SEX

14. PLACE (CITY OR TOWN) OR COUNTRY

15. OCCUPATION NAME

16. PLACE (CITY OR TOWN) OR COUNTRY

17. OCCUPATION NAME (SS)

18. CREMATION, OR REMOVAL

DATE \_\_\_\_\_, 19\_\_

19. SIGNATURE OF DIRECTOR (SS)

*ay 27, 1938* *Foretta Leonard*  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 27, 1938*

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 \_\_\_\_\_ m.

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

Date of onset

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) *J. S. Wade*, M. D.

(Address) *Ozark*

SUPPLEMENTARY

5-18013

1938