

SEP 21 1938

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

28726
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 217
(b) Township Lamine Primary Registration District No. 5308 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) 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.

2. PRINT FULL NAME Lucille Sappington Jeffress 162

(a) Residence, No. Blackwater, Mo. R.F.D. 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

3. SEX Female 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 John William Jeffress
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21st, 1877
7. AGE YEARS 61 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Isiah Park

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

MOTHER 15. MAIDEN NAME Martha Payne

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

17. INFORMANT (ADDRESS) John W. Jeffress
Blackwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock Mo. DATE Aug. 23 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell-Lewis Funeral Home
Marshall Mo.

20. FILED 8 22 19 38 W. J. Blaney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to Aug 21, 1938.
I last saw her alive on Aug 21, 1938. Death is said to have occurred on the date stated above, at 11 a. m.

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

Carcinoma of stomach metastatic
Date of onset Jan 1938
Other contributory causes of importance: Carcinoma of uterus hypertrophied in Oct 1937

Name of operation none Date of _____
What test confirmed diagnosis? X 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) W. J. Blaney, M. D.
(Address) Blackwater Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Joe H. Rennie, Licensed Embalmer No. 1171

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Joe H. Rennie

Licensed Embalmer No. 1171

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)