

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

5021  
Do not use this space.

MAR 13 1939

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City ..... (d) Street No. **2224 1/2 Pers Franklyn** St. Registered No. **1714**  
 (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**

(a) Residence, No. **2224 1/2 - Pers Franklyn** St. **21** (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 **Male** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 10 - 1865**

7. AGE YEARS **74** MONTHS **—** DAYS **5** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Labor**  
 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) **Oxford** (STATE OR COUNTRY) **Miss.**

13. NAME **not known**

14. BIRTHPLACE (CITY OR TOWN) **not known** (STATE OR COUNTRY)

15. MAIDEN NAME **Lizzie Collins**

16. BIRTHPLACE (CITY OR TOWN) **Calhoun county** (STATE OR COUNTRY) **Miss.**

17. INFORMANT **Loman Lucas** (ADDRESS) **2224 1/2 Pers Franklyn ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **2-25** 1939

19. FUNERAL DIRECTOR **A D Richardson** (ADDRESS) **2125 Glasgow**

20. FILED **J. B. Biedick** Local Registrar

**FEB 23 1939**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-15** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 6** 19**39** to **Feb 15** 19**39**  
 I last saw him alive on **Feb 15** 19**39**. Death is said to have occurred on the date stated above, at **1:05** p.m.

The principal cause of death and related causes of importance were as follows:  
**Asthenia & Septicemia**  
**Heart disease**

Other contributory causes of importance: **AS**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **clinical** 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 **no**  
 (Signed) **S. E. Meow**, M. D.  
 (Address) **809 N. Jefferson**

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
 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, A. D. Richardson, Licensed Embalmer No. 2928

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 A. D. Richardson

Licensed Embalmer No. 2928

**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.)**