

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County LincolnRegistration District No. 486Township Burr OakPrimary Registration District No. 5630

City

(No. _____)

File No. 7053Registered No. 6

St. _____

Ward _____

2. FULL NAME Lusis French

(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

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

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

Oct 4 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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

Housewife

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)

Lincoln Mo

13. NAME

Jack Esquens

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

Lincoln Mo

15. MAIDEN NAME

Mellie Jamison

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

Lincoln Mo

17. INFORMANT (ADDRESS)

Robert Esquens
7053 Burr Oak, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Burr Oak

DATE

2/11

1937

19. UNDERTAKER (ADDRESS)

Wm. Bradley
Burr Oak Mo

20. FILED

2-10

1937

P. E. Powell

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from

1-29 1937, to 2-5 1937I last saw her alive on 2-4 1937 Death is saidto have occurred on the date stated above, at 49 m.

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

Pneumonia (lobar) 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) P. E. Powell

M. D.

(Address) Burr Oak Mo

