

REC'D MAR 24 1938

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

Do not use this space.

8058

1. PLACE OF DEATH *St. Francois*  
 County *St. Francois* Registration District No. *775*  
 Township *Henry* Primary Registration District No. *6020-A*  
 City *Booneville Mo* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Lydia Jane Francis* 652  
 (a) Residence, No. *Booneville Mo* 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

MEDICAL CERTIFICATE OF DEATH

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 *James H Francis*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 17, 1860*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*77 8 25*  
 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) *Caroline Island*  
 13. NAME *C. J. Doane*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*  
 15. MAIDEN NAME *Sarah Wilbur*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*  
 17. INFORMANT (ADDRESS) *James H Francis Booneville Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St. J. Cemetery Feb. 15 1938*  
 19. UNDERTAKER (ADDRESS) *Benham Ltd Co Booneville Mo*  
 20. FILED *Feb. 15 1938 N. W. Hawkins Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 10* 19*38*  
 22. I HEREBY CERTIFY, That I attended deceased from *Feb 7* 19*38*, to *Feb. 12* 19*38*  
 I last saw her alive on *Feb. 12* 19*38*. Death is said to have occurred on the date stated above, at *8:30 A.*  
 The principal cause of death and related causes of importance were as follows:  
*Lobar pneumonia Right lower lobe*  
 Date of onset *2/7/38*  
 Other contributory causes of importance: *108*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Physic findings* 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) *David E Smith*, M. D.  
 (Address) *Booneville, 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.

