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

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

OCT 19 1938

31872
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau. Registration District No. 121
(b) Township Cape. Primary Registration District No. 3009 Registered No. 294
(c) City Cape Giradeau (d) Street No. South East Mo Hospital St.
(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 Cordelia Francis 652
(a) Residence, No. St. Lutesville Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Jan. 1, 1862

7. AGE: YEARS 76 MONTHS 8 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Lutesville, Mo. 0

FATHER
13. NAME John Lutes 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. 0

MOTHER
15. MAIDEN NAME Hanner Hahn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT (ADDRESS) Mrs Wllie Shell Lutesville, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shell Cem. DATE Sept, 23rd, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baker Funeral Home, Lutesville, Mo. A. G. Baker

20. FILED 9-21, 1938 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1938, to Sept 21, 1938
I last saw her alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 12:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phosphorus Diphtheria	
10	

Other contributory causes of importance: Cardiac failure

Name of operation none Date of —
What test confirmed diagnosis? Lab. 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) Glenn J. Tigett M. D.
(Address) Cape Giradeau Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.