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.

DEC 30 1936

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

Do not use this space.

42339

1. PLACE OF DEATH
County St Francois — Registration District No. 773
Township — Primary Registration District No. 4464
City Farmington (No. ..... St. ..... Ward) — File No. ..... Registered No. 203

2. FULL NAME Frankie A. Doss

(a) Residence, No. 808 N. St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	Single

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.
	55	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
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) 9 years — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo St. Francois Co.

FATHER
13. NAME James W. Doss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co

MOTHER
15. MAIDEN NAME Mary McClentock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurence Co.

17. INFORMANT (ADDRESS) Cora D. Agnew

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE Nov 16 1936

19. UNDERTAKER (ADDRESS) Farmington Und. Co.

20. FILED Nov 14, 1936 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936 to Nov 13 1936
I last saw her alive on Nov 13, 1936. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Following Carcinoma of Breast	

Other contributory causes of importance

Name of operation None 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? No
If so, specify.
(Signed) [illegible], M. D.
(Address) Farmington Mo