

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.

NOV 28 1932

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

Do not use this space.

33366

210

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 224  
 Township " Primary Registration District No. 00150 File No. \_\_\_\_\_  
 City Leadville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Emma Adaline Lincoln  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 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. (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 Richard Lincoln

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17<sup>th</sup> 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
75 11 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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. 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER  
 13. NAME Thomas J. Baugh  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER  
 15. MAIDEN NAME Sarah Jones  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Claude Lincoln  
 (ADDRESS) Flat Over, Mo.

18. BURIAL, CREMATION, OR REMOVAL Christian Cemetery  
Invericktown, Mo. DATE 10-25 1932

19. UNDERTAKER Calverlee Bros  
 (ADDRESS) Flat Over, Mo.

20. FILED Oct 27 1932 W. C. Brewer  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1932, to Oct 23, 1932  
 I last saw her alive on Oct 23, 1932 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:  
Cancer of breast Date of onset unknown  
46E 46E  
137A 46E  
 Other contributory causes of importance: nephritis unknown

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. C. Brewer M.D.  
 (Address) Flat Over, Mo.

