

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

Do not use this space.

NOV 20 1934

36723

1. PLACE OF DEATH

County Monticau
 Township Walker
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 571
 Primary Registration District No. 15769

File No. _____
 Registered No. 47

2. FULL NAME

Wm. Francis

(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

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1934, to 10-9 1934

I last saw him alive on 9-27 1934. Death is said to have occurred on the date stated above, at 2 3/4 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1850

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

7. AGE YEARS 84 MONTHS 1 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

Arterio sclerosis

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 _____

925 92a
 Other contributory causes of importance: Chronic Valvular heart trouble

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

MOTHER FATHER 13. NAME Lumpford Francis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Lucrecia Cornell

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

17. INFORMANT (ADDRESS) John Cornell

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeths Care DATE 10/10 1934

19. UNDERTAKER (ADDRESS) William & Fred Meyer

20. FILED 10-11 1934 H. R. Popejoy Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? Physical 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) H. R. Popejoy, M. D.
 (Address) California Mo.

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

68

31

