

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

Do not use this space.

11582

1. PLACE OF BIRTH

County Monticau
Township Harrison
City _____

Registration District No. 576
Primary Registration District No. 5773

File No. _____
Registered No. 6
St. _____ Ward)

2. FULL NAME

Elizabeth A. 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22 to March 1 1929, to March 1 1929 that I last saw her alive on March 1 1929 and that death occurred, on the date stated above, at 11 A.M.

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

THE CAUSE OF DEATH* IS AS FOLLOWS:

Blue with senile debility
+ weak heart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 4 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) HB
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Onida Co. N.Y.
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Art Home

10. NAME OF FATHER Chas H Bartlett

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHICH TEST CONFIRMED DIAGNOSIS:

(Signed) H. E. Staebgen, M. D.
, 19 (Address) Versailles, Mo. R.I.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Eng. and
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Wilkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cemetery DATE OF BURIAL 3-5 1929

20. UNDERTAKER Williams & Friedman ADDRESS California

14. INFORMANT Carrie Duvall
(Address) Barnett Mo.

15. FILED 3-11 1929 Chas H. Fisher
REGISTRAR

