

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

1 PLACE OF DEATH

County Coast

Township _____
or _____

Village _____
or Belton

City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 148

File No. 20689

Primary Registration District No. 4082

Registered No. 72

2 FULL NAME Susan Letta Francis

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Nov 11 1891
(Month) (Day) (Year)

7 AGE 24 yrs 6 mos 21 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (City or town, State or foreign country) Ham Rosier Belton

PARENTS 10 NAME OF FATHER Wm Rosier 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa 12 MAIDEN NAME OF MOTHER Lillian Meek 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm Rosier (Address) Belton Mo

15 Filed 6-5 1916 R Mc Miller Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 15 1916 to June 2 1916, that I last saw her alive on June 2 1916 and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:
Hypothyroidism
6 1/2 (Duration) 8 1/2 yrs. 10 mos. 10 ds.

CONTRIBUTORY None (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) 6-2- J. J. Frick M. D. 6-2 1916 (Address) 244 Rutledge

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Butler Mo DATE OF BURIAL 6-4 1916

20 UNDERTAKER Worceley Gange ADDRESS Belton Mo

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.

