

JAN 24 1929

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

Do not use this space.

41609

1. PLACE OF DEATH

County Lickingston
Township
City Chillicothe

Registration District No. 5-18
Primary Registration District No. 3026

File No.
Registered No. 128
St. Ward)

2. FULL NAME Frances F. Ayers

(a) Residence No. 213 Slack St., 3 Ward.

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 24-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 | 1 | 17 | 42

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lickingston Co.

10. NAME OF FATHER Benjamin Hargrave

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

12. MAIDEN NAME OF MOTHER Jane Bevell

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

14. INFORMANT Mrs. Beth Haines
(Address) Chillicothe Mo.

15. FILED 12-12, 1928 Reuben B. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 11 1928 to Dec 11 1928 that I last saw him alive on Dec 11 1928, and that death occurred, on the date stated above, at 1000 ft.

THE CAUSE OF DEATH WAS AS FOLLOWS:

101W Arterio Sclerosis
Embry
(duration) yrs. mos. ds. 9

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
Embry
(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... X

DID AN OPERATION PRECEDE DEATH... no DATE OF X

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS... Microscopic

(Signed) J. J. Jones M.D.

, 19 (Address) Chillicothe Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Pleasant Cems. DATE OF BURIAL Dec 12 1928

20. UNDERTAKER JAMES D. Gordon ADDRESS Chillicothe 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.

