MAR 28 1930

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

Do not use this space.

5589

1. PLACE OF DEATH
County Linn — Registration District No. 496 — File No.
Township Brookfield — Primary Registration District No. 3025 — Registered No. 16
City Brookfield — No. — St. — Ward)

2. FULL NAME Frank Lockley Francis
(a) Residence. No. 130 E Canal St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Ch.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 1858
7. AGE Years 71 Months 6 Days — If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Realtor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Mercer C. Pa.

PARENTS
10. NAME OF FATHER Francis Francis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bristol
(STATE OR COUNTRY) Eng
12. MAIDEN NAME OF MOTHER Mary M. Anna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bristol
(STATE OR COUNTRY) Eng

14. INFORMANT Mrs Nellie Carr
(Address) Brookfield, Mo.
15. FILED 2-18, 1930 Bessie M. Fore Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1930
17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1930, to Feb. 17, 1930, that I last saw him alive on Jan 5, 1930, and that death occurred, on the date stated above, at 3 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
92 A
111 B
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Oedema of Lungs
(duration) yrs. mos. 1 hr
18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & History
(Signed) E. H. Standley, M. D.
, 19 (Address) Brookfield 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 Rose Hill — DATE OF BURIAL Feb 18 1930
20. UNDERTAKER C. W. Hill — ADDRESS Brookfield

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.