APR 30 1930

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

Do not use this space.

9473

1. PLACE OF DEATH

County Madison — Registration District No. 538 — File No.

Township Polk — Primary Registration District No. 18512 — Registered No.

City ..... (No. ..... 5729 ..... St. ..... Ward)

2. FULL NAME William M. Francis

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: M

4. COLOR OR RACE: w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): wd.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Catherine Francis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 16, 1853

7. AGE: YEARS 76 — MONTHS 9 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Green Co.
(STATE OR COUNTRY): Ind.

PARENTS

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Dont Know

14. INFORMANT: Bert Francis
(Address): Fredericktown, Mo.

15. FILED: 7, 1930 C. U. W. Ohrt, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/11-30, 19..., to Mar 31, 1930, that I last saw him alive on 3/11, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the liver

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 44 B

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M. B. Bowles, M. D.

3/11, 1930 (Address) Fredericktown 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: Fredericktown Mo. — DATE OF BURIAL: Mar 13 1930

20. UNDERTAKER: Ed. H. Webb, Fredericktown, Mo. — ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.