

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.

22 1930

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

Do not use this space.

**1. PLACE OF DEATH**

County Barry  
Township Cumbe  
City None (No. ....)

Registration District No. 684  
Primary Registration District No. 5912

File No. 37038  
Registered No. 36  
St. .... Ward)

**2. FULL NAME**

Joseph Francis

(a) Residence No. .... St. .... 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 M 4. COLOR OR RACE W 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) Don't know

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>14</u>		<u>X</u>	<u>X</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) ---  
(c) Name of employer ---

9. BIRTHPLACE (CITY OR TOWN) Colamp. Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER John Francis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pitt Co. Ill.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Hardy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pitt Co. Ill.  
(STATE OR COUNTRY)

14. INFORMANT John Francis  
(Address) Rowling Green, Mo

15. FILED 12910 30 W of Summit Camp  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10th. 1930

17. HEREBY CERTIFY, That I attended deceased from Nov. 10th. 30 to Nov. 10th. 30 that I last saw him alive on Nov. 10th. 1930 and that death occurred, on the date stated above, at ? A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: -

Broncho-pneumonia

10th / 10 / 30 (duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) ? (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) J. Blaise M. D.

Nov. 11, 1930 (Address) Rowling Green, 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

St Jean DATE OF BURIAL Nov 11 1930

20. UNDERTAKER Grace Bunkhead ADDRESS B. Ymo

