Corrected

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

Do not use this space.

16999

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township Benton — Primary Registration District No. 5005 — Registered No. 92

City KIRKSVILLE MO (No. R R KIRKSVILLE MO St. Ward)

2. FULL NAME FRANCIS JANE RATLIFF

(a) Residence. No. R R KIRKSVILLE MO 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANK RATLIFF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 14th 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	3	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSE WFE
(b) General nature of industry, business, or establishment in which employed (or employer) FARM
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO MO

PARENTS

10. NAME OF FATHER JOHN T TUDOR

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

12. MAIDEN NAME OF MOTHER HANNAH MINERVA WADDELL

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ~~AXXXXXXX~~ ILL.

14. INFORMANT Mrs. Ruth Gardner
(Address) BRASHEAR MO

15. FILED 5/31, 1931 — F. Becker, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1931, to Apr 23, 1931, that I last saw her alive on April 25, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 46C 46F

Cancer of Bancreas + Fowels

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) about know

(duration) yrs. mos. ds.

46F

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical & exploratory

(Signed) L J Cannon, M. D.

(Address) Kirksville 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 BETHEL — DATE OF BURIAL 5 9 1931

20. UNDERTAKER Davis & Wilson — ADDRESS Kirksville

1931 - 5 - 7 37
1870 - 1 - 14 14
23

61 - 3 - 23