

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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph) sHospital St. 855 Ward 855

2. FULL NAME

John F. Francis

(a) Residence, No. 1210 No. 3rd. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mamie Francis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June, 1931 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co., Ill.

FATHER 13. NAME Henry Francis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

MOTHER 15. MAIDEN NAME Eliza Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

17. INFORMANT (ADDRESS) Mrs. Mamie Francis 1210 No. 3rd. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Aug. 15, 1931

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 1/2 Paragon St. St. Joseph, Mo.

20. FILED 8-14-31, 19 John R. Pruden Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1931 19

22. I HEREBY CERTIFY, That I attended deceased from 19 31, to 19 31
 I last saw h. or alive on 19 31. Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

Nephritis Chr Date of onset 2 or 3 yrs
131
95B/31
102/31
 Other contributory causes of importance:
Myelitis secundary
Heart disease Hypertensive with neph.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO.
 If so, specify
 (Signed) , M. D.

(Address)
Kirkpatrick Bldg, St. Joseph, Mo.

1000