

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

Do not use this space.

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.

REC 28 1931

38569

1. PLACE OF DEATH

County Pettis
Township Longwood
City _____ (No. _____)

Registration District No. 668
Primary Registration District No. 3898

File No. _____
Registered No. 310 St. _____ Ward _____

2. FULL NAME

Mary Francis Travis

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Travis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 4 17

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

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

10. Date deceased last worked at this occupation (month and year) June 1-1931 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ceredon North Carolina

FATHER 13. NAME James Edward Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granville North Carolina

MOTHER 15. MAIDEN NAME Margaret Whitfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granville North Carolina

17. INFORMANT Edgar F. Paul Travis (ADDRESS) Frankston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Longwood DATE Nov 2 1931

19. UNDERTAKER W. C. Westcott (ADDRESS) Frankston Mo

20. FILED 11-2 1931 J. J. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1 1931, to Oct 20 1931
I last saw h. u. alive on Oct 20 1931. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

Cancer of tongue
4-5-13
Other contributory causes of importance: _____
Name of operation none 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? _____
If so, specify _____
(Signed) W. C. Westcott M. D.
(Address) Frankston Mo

