

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

Do not use this space.

1780

1. PLACE OF DEATH

64 County... Maion Registration District No. 548
2 Township... Liberty Primary Registration District No. 4323
2 City... Palmyra (No.) St. Ward)

2. FULL NAME

Clara D. Francis
(a) Residence, No. St. Ward.
(Usual place of abode) (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 male 4. COLOR OR RACE white 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) April 6 - 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

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

Maion Co. Mo

10. NAME OF FATHER

Wm Francis

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

31

12. MAIDEN NAME OF MOTHER

—

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

—

14.

INFORMANT J. H. Cottle
(Address) Palmyra Mo

15.

FILED Jan 26 1932 Gustadeger Deputy REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1932
17. I HEREBY CERTIFY That I attended deceased from Dec 31 1931 to Jan 23 1932, that I last saw him alive on Jan 20 1932, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Drowning
92A
114B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valve leak of heart
lung abscess (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. —

DID AN OPERATION PRECEDE DEATH? DATE OF

8 — WAS THERE AN AUTOPSY? (3)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Cottle
, 19 (Address) Palmyra 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

DATE OF BURIAL

Greenwood Jan 27 1932

20. UNDERTAKER

C. J. Sprague Palmyra Mo

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.

FILED 24 1932

