

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

Do not use this space.

2076

1. PLACE OF DEATH

85 County Polaski Registration District No. 716
Township Tavern Primary Registration District No. 5945
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

Francis Marion Routh
(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 <u>Male</u>	4. COLO., OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR WIFE OF) <u>Mary Addie Routh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 13, 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>4</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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) <u>Dec. 23, 1931</u>	11. Total time (years) spent in all occupations <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Albany, Mo.</u>		
FATHER	13. NAME <u>Gas. Nathaniel Routh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K. 31</u>	
MOTHER	15. MAIDEN NAME <u>(D.K.) Roberts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(D.K.)</u>	
17. INFORMANT <u>Frank Routh</u> (ADDRESS) <u>Crocker, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Antioch Cem.</u> DATE <u>Jan. 17, 1932</u>		
19. UNDERTAKER <u>L. Hoops & Sons</u> (ADDRESS) _____		
20. FILED <u>Jan 20, 1932</u> <u>W. Lee</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1932

2. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1929 to Nov. 10, 1929
I last saw him alive on Oct. 15, 1929. Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis, pulmonary (chronic) Date of onset Apr. 1929

Other contributory causes of importance: (1)

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. Wallyte, M. D.
(Address) Crocker, Mo.

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.

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