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

Do not use this space.

File No. 28843

Registered No. 953

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Anna Lois Francis

(a) Residence, No. Cainsville Mo. St., Ward. Cainsville Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	10	6	0	

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mercer Co.
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Willis Francis

14. BIRTHPLACE (CITY OR TOWN) Bloomfield
(STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Ethylan Woods

16. BIRTHPLACE (CITY OR TOWN) Mercer Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Willis Francis
(ADDRESS) Cainsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cainsville Mo. DATE Sept. 27, 1933

19. UNDERTAKER Fred D. Clark
(ADDRESS) 3025 King H.O.A.

20. FILED SEP 27 1933 John R. Bender
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933, to Sept 26, 1933

I last saw h. alive on Sept 26, 1933. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

	Date of onset
Peritonitis	9/18/33
121B	
129	
Other contributory causes of importance:	
Appendicitis	9/15/33

Name of operation Appendectomy Date of 9/22/33

What test confirmed diagnosis? C Was there an autopsy? No

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? C
(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) N. S. Vigrano, M. D.

(Address) 520 - Frances St
St Joseph 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.

OCT 20 1933