

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

Do not use this space.

**MAY 25 1934**

**15516**

**1. PLACE OF DEATH**

County Vernon

Registration District No. 876

File No. ....

Township .....

Primary Registration District No. 6-16-3

Registered No. ....

City Richards Mo (No. ....) St. .... Ward)

**2. FULL NAME**

Sup. Francisca Anita Koontz

(a) Residence. No. Richards Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14<sup>th</sup> 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
85      11      20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) Care of the Home  
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Johnson Co Mo

10. NAME OF FATHER Rolt Craig

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

12. MAIDEN NAME OF MOTHER Elizabeth Mitchell

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

14. INFORMANT Chas. Thos Koontz  
(Address) Richards Mo

15. FILED Apr 6 1934 Mattie L Koontz  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14<sup>th</sup> 1934

17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1934, to Apr 4, 1934, that I last saw him alive on Apr 10<sup>th</sup> 1934, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

93E Chronic myocarditis  
(duration) ? yrs. mos. ds.

CONTRIBUTORY General Arteriosclerosis  
(SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 93C  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Laurie L Cooper M. D.  
, 19 (Address) Richards 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 Bell Co Mo Bell Co Tenn DATE OF BURIAL Apr 16 1934

20. UNDERTAKER Geo L Koontz ADDRESS Scott St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10  
11  
1  
2  
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Walter Kimrey  
Horton, N.C.

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