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.

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

Do not use this space.

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 32653
Township — Primary Registration District No. 4227 — Registered No.
City West Plains, Mo. — St. — Ward)

2. FULL NAME Margaret Jane 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: Fe
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F. M. Francis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 24-1860

7. AGE: YEARS 73 — MONTHS 11 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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) (STATE OR COUNTRY): Tipton Co. Indiana

FATHER
13. NAME: Jno McCleary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Nade Francis, West Plains, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ark Lawn — DATE: 9/3 - 1934

19. UNDERTAKER (ADDRESS): Robertson Mortuary, West Plains Mo

20. FILED 9-3 1934 Vida W Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Sept 1, 1934
I last saw her alive on Sept 1, 1934. Death is said to have occurred on the date stated above, at 11 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Chronic myocarditis with fatty degeneration	
2- General arteriosclerosis	
3- Hypertension	1931

Other contributory causes of importance:
Obesity
Gall
Gall

93C

Name of operation — Date of
What test confirmed diagnosis? Exam — 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? (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) E. Claude Bohrer, M. D.
(Address) West Plains Mo