

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.

JAN 25 1935

42276

1. PLACE OF DEATH

County Cass Registration District No. 1576
Township Grand River Primary Registration District No. 4090
City Harrisonville No. _____ St. _____ Ward _____

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME Harriett A. 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 67 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 James Francis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21-1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>87</u>	<u>9</u>	<u>23</u>	

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

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) Indiana

13. NAME Samuel W. Canger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Harriett A. Haynes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Harriett A. Francis (Mrs. M. E.) Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient DATE 12/16 1934

19. UNDERTAKER (ADDRESS) Reinertsen Bros & Co Harrisonville Mo

20. FILED 1915 1934 A. J. L. L. L. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 11:34 to Dec 14 11:34 1934
I last saw her alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Diabetic Coma
59
SA

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1934
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? _____
If so, specify _____

(Signed) J. West M. D.
(Address) Harrisonville Mo

