

Dr. S. P. M.

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

Do not use this space.

MAY 31 1935

13637

1. PLACE OF DEATH

County Miss.  
Township Wagon Island  
City (No. ....) (No. ....)

Registration District No. 5767  
Primary Registration District No. 5767

File No. ....  
Registered No. 27  
St. .... Ward

2. FULL NAME

Francis Marion Crosno

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Crosno  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 1845  
7. AGE YEARS 89 MONTHS 4 DAYS 8 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) Shiow Co. Iowa

13. NAME Unknown, J. or C.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Fred Crosno (ADDRESS) Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Albans Mo. DATE 4/29/35

19. UNDERTAKER (ADDRESS) Lewis Shelby East Graine Mo.

20. FILED April 26, 1935 Cliff M. Hodges Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935, to April 26, 1935. I last saw him alive on April 26, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

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

Senility  
Arteriosclerosis  
Influenza

Other contributory causes of importance

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 ..... 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? .....  
If so, specify .....  
(Signed) J. Martin M. D.  
(Address) St. Charles 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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