

SEP 13 1935

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

Do not use this space.

22098

1. PLACE OF DEATH

County Bollinger Registration District No. 69
Township Filmore Primary Registration District No. 5-105
City (No.) St. Ward)

2. FULL NAME

Ray Ann 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. 64 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1935

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

22. I HEREBY CERTIFY That I attended deceased from July 19 1935 to July 24 1935
I last saw her alive on 7-19 1935 Death is said

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

to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 10 24

Date of onset

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

Aspiration
Other contributory causes of importance: Her age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C.

Name of operation none Date of NOB
What test confirmed diagnosis? NOB Was there an autopsy? no

13. NAME John W. Bonds

23. If death was due to external cause (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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Wittler

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

17. INFORMANT R. W. Moyers (ADDRESS) Higham mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cem. DATE 7-26 1935

19. UNDERTAKER Wagner Ditzel (ADDRESS) Higham mo

20. FILED 19

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Adam F. Wagner, M. D.
(Address)

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township.....
City..... (No.....)

Registration District No. 69
Primary Registration District No. 5125-

File No. 22098
Registered No.
St. Ward)

2. FULL NAME

Becky Ann 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>88</u>	YEARS	MONTHS <u>11</u>
		DAYS <u>24</u>
		If LESS than 1 day, hrs. or min.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1935

22. I HEREBY CERTIFY That I attended deceased from 19....., 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of onset

Cronic Gastro enteritis

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 cause (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) Adam F. Wagner, M. D.
(Address).....

OCCUPATION

FATHER

MOTHER

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

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).....

13. NAME.....

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

15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED June, 1935 Miss Jake Berry Registrar

A. E.—Every item of information received is a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

89022-5

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