

MAY 22 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15819
39

1. PLACE OF DEATH

County Lafayette
Township Lexington
City (No.)

Registration District No. 461
Primary Registration District No. 5625

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

2. FULL NAME Louis Franciskato

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Leper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1875</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>4</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal Miner</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936, to April 30, 1936
I last saw him alive on April 29, 1936 Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:
Sarcoma of left testis & metastasis to left kidney
Since 51
Date of onset _____

Other contributory causes of importance:
none

Name of operation none Date of _____
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) B. H. Bross her, M. D.
(Address) Lexington, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Anton Franciskato</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
	15. MAIDEN NAME <u>Katie Krauter</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Louis Franciskato Lexington Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington, Mo.</u> DATE <u>May 2, 1936.</u>
	19. UNDERTAKER (ADDRESS) <u>Winkler, Lexington, Mo.</u>
	20. FILED <u>May 1, 1936</u> <u>Faye B. Batts</u> Registrar.

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.

