

JUN 28 1937

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

Do not use this space.

21189

1. PLACE OF DEATH
93 County St. Clair Registration District No. 1005
Township Doval Primary Registration District No. 6009
City (No. 2) St. _____ Ward _____

2. FULL NAME Wilbur Thomas Francis
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred life 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1883

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>53</u> | <u>3</u> | <u>3</u> | |

OCCUPATION
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Mathew H. Francis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair county Mo.

MOTHER
15. MAIDEN NAME Martha E. Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Myrtle Francis
(ADDRESS) Collins Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holsauple Cem. DATE April 2, 1937

19. UNDERTAKER Peas of Estabrook
(ADDRESS) Collins Mo.

20. FILED May 31 1937 J. T. Davis
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937, to Mar 30, 1937
I last saw him alive on Mar 30, 1937 Death is said to have occurred on the date stated above, at 5:20 A.M.
The principal cause of death and related causes of importance were as follows:
Subacute Bacterial Endocarditis
Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Preston Sterrett, M. D.
(Address) Collins Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. EXACTLY PHYSICIANS should state CAREFULLY AND BE CAREFULY SUPPORTED. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY AND BE CAREFULY SUPPORTED. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY AND BE CAREFULY SUPPORTED.

