Sec 4 JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline — Registration District No. 7961

Township — Primary Registration District No. 3038

City Marshall (No. Fitzgibbons Hospital St. Ward)

File No. 46830

Registered No. 203

2. FULL NAME Roberta Lee Francisco

(a) Residence, No. 324 East North St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	11	13	

OCCUPATION

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) Marshall (STATE OR COUNTRY) Missouri

FATHER

13. NAME George M. Francisco

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

MOTHER

15. MAIDEN NAME Mary Zerelda Hereford

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

17. INFORMANT J. C. Francisco (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Dec. 21 1937

19. UNDERTAKER P. W. Campbell (ADDRESS) Marshall, Mo.

20. FILED 12-21 1937 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1937, to Dec. 19 1937

I last saw her alive on Dec. 19 1937. Death is said to have occurred on the date stated above, at 1:45 P m.

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

	Date of onset
Lobar pneumonia Type I.	12-13-37

Other contributory causes of importance:

108

Name of operation ✓ Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) [illegible], M. D.

(Address) Marshall, 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.