

REC'D MAR 17 1938

Harland

Do not use this space.

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

**1. PLACE OF DEATH**County IronRegistration District No. 1159Township IronPrimary Registration District No. 3549City Bellevue - Mo. (No. ....) St. .... Ward)File No. 6851Registered No. 6**2. FULL NAME** Francis Marion Chrisco. 620

(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** M **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married (write the word)

Male

White

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Necy Lambert Chrisco.**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov 15 1866**7. AGE** YEARS 71 MONTHS 3 DAYS 5 If LESS than 1 day, .... hrs. or .... min.**OCCUPATION** **8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Retired**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)** Reynolds County Mo.**13. NAME** Simeon Chrisco.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Reynolds County Mo.**15. MAIDEN NAME** Manerva Shrum.**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Reynolds County Mo.**17. INFORMANT** Mrs. Necy Chrisco,  
(ADDRESS) Belview Mo.**18. BURIAL, CREMATION, OR REMOVAL** Bellevue Mo.  
PLACE Bellevue Mo. DATE 2-21-38, 19**19. UNDERTAKER** Norman White & Sons.  
(ADDRESS) Ironton Mo.**20. FILED** March 6, 1938 Mar J. A. Townsend,  
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** ~~Feb 20~~ Feb 20, 1938**22. I HEREBY CERTIFY, That I attended deceased from** Feb. 5, 1938 to Feb. 20, 1938I last saw him alive on Feb. 17, 1938 Death is said to have occurred on the date stated above, at 1:15 A.M.

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

cerebral hemorrhage Date of onset 2/6/38Other contributory causes of importance:  
High Blood Pressure  
SenilityName of operation none Date of .....What test confirmed diagnosis? none 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?** no  
If so, specify .....(Signed) R. E. Harland, M. D.(Address) Ironton, 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.

