

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125-
 Township St. Charles Primary Registration District No. 3009
 City St. Charles (In) St. Charles St. 6 Ward 5

2. FULL NAME Maude Lee Francis
 (a) Residence, No. 125 St. 6 Ward 5
 (Usual place of abode) Lutesville Mo.
 (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.

21507

File No. _____
 Registered No. 167
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 15 - 1938
 7. AGE YEARS _____ MONTHS 5 DAYS 4
 If LESS than 1 day, _____ hrs. or _____ min.

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) Cape Girardeau Mo.
 (STATE OR COUNTRY)

13. NAME Theodore Francis
 14. BIRTHPLACE (CITY OR TOWN) Lutesville Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Muriel Cross

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

17. INFORMANT The Francis
 (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Creek DATE 6-70 19 38

19. UNDERTAKER Dr. Joseph Howell
 (ADDRESS) Cape Girardeau Mo.

20. FILED 6-19-38 John J. Thompson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938
 22. I HEREBY CERTIFY That I attended deceased from June 11, 1938, to June 19, 1938
 I last saw him alive on June 19, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 6-15-38
colitis 6-11-38
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? MI

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? Y
 If so, specify _____

(Signed) W. A. Schorn M. D.
 (Address) Cape Girardeau Mo.

