REC'D JUL 22 1938

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

Do not use this space.

File No. 22222

Registered No. 16

1. PLACE OF DEATH
County: Knox
Township: ~~Center~~
City: Edina, (No. ..., ... St. ..... Ward)

Registration District No. 441
Primary Registration District No. 4259

2. FULL NAME Arthur VanCamp Francis. 6592

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katrina Mary ~~Fracisc~~ McBride.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-23-1851.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Episcopalian Minister.
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: 57.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Renfrew, Canada.

FATHER
13. NAME: Samuel Francis.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

MOTHER
15. MAIDEN NAME: Lidia. uk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada.

17. INFORMANT (ADDRESS): Lena Francis. Edina, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Linville, DATE: June-4-38.

19. UNDERTAKER (ADDRESS): Keith Hudson. Edina Mo.

20. FILED: June 2, 1938 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1937, to 6-1, 1938
I last saw him alive on 6-1, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia clinically	1936

Other contributory causes of importance:

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? no
If so, specify .....
(Signed) Frederick L. Schmitt DO, M.D.
(Address) Edina, Mo
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