

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

Do not use this space.

14469

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township _____ Primary Registration District No. 3018 Registered No. 63
 City Clinton Mo (No. _____) St. _____ (Ward _____)

2. FULL NAME

Essie Sennet Francis
 (a) Residence No. 408 E Franklin St Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sherman Francis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 30, 1883</u>		
7. AGE <u>45</u>	YEARS <u>5</u>	MONTHS <u>14</u>
		8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Milton
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Geo. W Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Milton
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Mary E Krimet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milton
 (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Geo W Thomas
 (Address) Clinton - Mo

15. Apr 15 29 Dr. E. C. Peeler
 REGISTRAR
per J. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1929

17. 2 I HEREBY CERTIFY, That I attended deceased from April 12 1929 to April 14 1929 that I last saw him alive on April 13 1929 and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH WAS AS FOLLOWS:
Flu or Influenza
Sudden death
 (duration) yrs. mos. da. _____

CONTRIBUTORY Heart trouble
 (SECONDARY) (duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY. _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. C. Peeler, M. D.
Clinton Mo (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Apr 15 1929

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

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.

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