

APR 28 1930

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

Do not use this space.

12394

1. PLACE OF DEATH

County HenryRegistration District No. 347

File No.

Township ClintonPrimary Registration District No. 3.0.18Registered No. 17City Clinton (No.)

St. Ward)

2. FULL NAME Charles Wesley Francis(a) Residence. No. E. Class St. 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 (write the word)

Married

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

William Francis

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

Dec 23 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than, 1 day, hrs. or min.

4338

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Osage Co

10. NAME OF FATHER

J. B. Francis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Osage Co

12. MAIDEN NAME OF MOTHER

Syntha Hobbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Osage Co

14.

INFORMANT

(Address)

J. B. FrancisClinton Mo

15.

FILED 4/2 1930Dr. E. C. Peeler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/17 193017. I HEREBY CERTIFY, That I attended deceased from Jan 20 1930 to 4/17 1930 that I last saw him alive on 3/22/4/11 1930, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
34
93C(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Syphilis of Lung(duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Visit homeDID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS

Wasserman 4+(Signed) R. S. WallingerKohn 4+

, 19

(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

DATE OF BURIAL

England Cem4/2 1930

20. UNDERTAKER

ADDRESS

S. P. Ross & SonClinton 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.

