

JUN 2 1 1937

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

Do not use this space.

1. PLACE OF DEATH

48 County Henry
Township 1
City Clinton (No. 2)

Registration District No. 347
Primary Registration District No. 3018

File No. 20157
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Joel Rosetta Francis
(a) Residence, No. 508 Bolina St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Joe Francis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.

13. NAME Joe Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Jane Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Joe Francis, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5-19-37

19. UNDERTAKER (ADDRESS) Ed Wilkinson, Clinton, Mo.

20. FILED May 25 1937 J. H. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17 1937, to May 17 1937

I last saw her alive on May 17 1937 Death is said to have occurred on the date stated above at 1:30 P. M.

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

Isol poisoning taken with suicide intent 11 AM, May 17, 1937

Other contributory causes of importance: None

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury May 17 1937
Where did injury occur? Clinton, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home, 508 Bolina
Manner of injury Taking of food
Nature of injury Isol poisoning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S. B. Hunter M. D.
(Address) Henry Co., Colmer, Clinton, Mo.

