MAY 28 1929

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

Do not use this space.

15389

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Tywapity — Primary Registration District No. 3030 — Registered No. 45

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Frances George

(a) Residence. No. Johnson St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1926

7. AGE — YEARS 3 — MONTHS — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Louis George

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waverly (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Arleena Franklin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paducah (STATE OR COUNTRY) Ky.

14. INFORMANT X Louis George (Address) X Charleston, Mo.

15. Filed April 19th, 1929 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 8 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19 1929

17. HEREBY CERTIFY, That I attended deceased from 4/18, 1929, to 4/19, 1929 that I last saw her alive on 4/19, 1929, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebro-Spinal Meningitis

(duration) ..... yrs. ..... mos. ✓ ds.

CONTRIBUTORY (SECONDARY) 7/10

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Love, M. D

4/19, 1929 (Address) Charleston, Mo.

*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 Oak Grove — DATE OF BURIAL 4/19 1929

20. UNDERTAKER Lair Und Co. — ADDRESS Charleston