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

Do not use this space.
22546

1. PLACE OF DEATH
County: St Clair
Township: Butler
City: Lowry City Mo (No. ..... St. ..... Ward)
Registration District No. 763
Primary Registration District No. 4458
File No. .....
Registered No. 10

2. FULL NAME: Nancy Olive Francis
(a) Residence, No. Improved 9 St. 4 St Ward. 2nd
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 John M. Francis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1851

7. AGE: Years 80 Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: At Home
10. Date deceased last worked at this occupation (month and year): 1928
11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fort Recovery Ohio

FATHER
13. NAME: Alexander Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Catherine Shepherd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

17. INFORMANT: Mrs Ralph Hadley
(ADDRESS) Lowry City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lauderdale Cemetery DATE: 6/4/31

19. UNDERTAKER: H. Austin
(ADDRESS) Lowry City Mo

20. FILED: 6/5/1931 Leo S. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/3/1931

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to June 3, 1931
I last saw her alive on June 2, 1931. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	
2. Hypertension	
3. Caused by	
4. Influenza	6 to 8 wks
Contributory causes	
Other contributory causes of importance: Complicated by Mitral Valvular Heart Disease Mental Disturbance	Several years

Name of operation ..... Date of ..... 19..
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? ..... 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) Leo Sheldon Wright, M. D.
(Address) Lowry City, Mo.

CAUSE OF DEATH is in the public interest, so that it may be properly classified. Exact statement of OCCUPATION is very important.