

SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township
City Harrisonville (No. 2)

Registration District No. 156
Primary Registration District No. H090

File No. 30377

Registered No. _____
St. _____ Ward _____

2. FULL NAME William Edward Francis

(a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1857

7. AGE YEARS 79 MONTHS 10 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Daniel D. Francis

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

15. MAIDEN NAME Elizabeth A. _____

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

17. INFORMANT Mrs M Brune
(ADDRESS) 440 1/2 Garfield, K.C.M.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE 8/6 1937

19. UNDERTAKER Reinhardburgers
(ADDRESS) Harrisonville, Mo

20. FILED Aug 6 1937 E.M. Guffith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1937

I HEREBY CERTIFY, That I attended deceased from Jan 1 1937, to Aug 4 1937

I last saw him alive on Aug 3 1937 Death is said to have occurred on the date stated above, at 4 a.m.

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

Metastases neoplasms of heart & lungs
debility

Other contributory causes of importance: AD

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

22. 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? _____

If so, specify _____

(Signed) E.M. Guffith M. D.

(Address) Harrisonville

WRITE PERMANENT, 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.

1 X9314

