

REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18141

Do not use this space.

1. PLACE OF DEATH

(a) County DaviessRegistration District No. 251(b) Township GrandriverPrimary Registration District No. 5350Registered No. 5

(c) City.....

(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Melissa Jane Francisco(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cort Francisco6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26/18767. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 258. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
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) I. A13. NAME Geo W. Hayes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Susann Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ia17. INFORMANT (ADDRESS) Cort Francisco
Pattonsburg, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oakridge DATE 5/25/3819. FUNERAL DIRECTOR (ADDRESS) Blakeman
Pattonsburg, Mo.20. FILED 5/25/38 19... Arad Rugh
Lodg/Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 193822. I HEREBY CERTIFY, That I attended deceased from 1 visit May 21, 1938, to....., 19.....I last saw h. or alive on May 21, 1938. Death is saidto have occurred on the date stated above, at 2 P m.

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

fatal Respiratorium
of mouth

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? fluorid Was there an autopsy? no23. 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) John F. Parker, M. D.859 (Address) Pattonsburg Mo.

STATEMENT BY LICENSED EMBALMER

I, G. S. Gromer, Licensed Embalmer No. 2857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed G. S. Gromer

Licensed Embalmer No. 2857

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)