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

REC'D MAR 14 1938

Do not use this space.

File No. 5962

Registered No. 8

1. PLACE OF DEATH

County Barry — Registration District No. 31

Township Wheaton — Primary Registration District No. 5042c

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Maynard Finis Francis

(a) Residence, No. Wheaton, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Nannie Francis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10, 1895

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	5	1	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Groceries

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): Barry County Missouri

FATHER

13. NAME: W. S. Francis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton County Missouri

MOTHER

15. MAIDEN NAME: Ida M. Fly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry County Missouri

17. INFORMANT (ADDRESS): Mrs. Nannie Francis, Wheaton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Muncey DATE: 2/13 1938

19. UNDERTAKER (ADDRESS): Koon Funeral Home, Cassville, Missouri.

20. FILED Feb. 18, 1938 Donald Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/12 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 A.M.

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

	Date of onset
Suicide	
Shot Gun wound	
Head	

Other contributory causes of importance:

Left instep	

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

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury — , 1938

Where did injury occur? Barry Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury: Gun Shot wound

Nature of injury: Head alone.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify ..... Coroner

(Signed) Boyce Calloway D. [illegible]

(Address) Monett, Missouri

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD