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.

REC'D APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Madison
Township German
City (No. St. Ward)

Registration District No. 538
Primary Registration District No. 5738

File No. 11418
Registered No. 26

2. FULL NAME Frances Louisa Venable 514

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abner Venable
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1846
7. AGE YEARS 91 MONTHS 7 DAYS 8 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. Home
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) Cornwall Mo

FATHER
13. NAME Hy. Hiltibrand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cornwall Mo

MOTHER
15. MAIDEN NAME Sarah White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cornwall Mo

17. INFORMANT Jane W. Buckley (ADDRESS) St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Musser Cem DATE Mch 9 1938
19. UNDERTAKER C. A. Hornsey (ADDRESS) Marquand Mo
20. FILED Mch 9 1938 S. C. Shrum(?) Registrar. 2571
Reg E. D. Schrum(?)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 1936, to Mch 8 1938
I last saw her alive on Mch 5 1938 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
Chronic bronchitis

114

Other contributory causes of importance:
Lagrippe attacks with marked arterio sclerosis

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? 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) W. Henry Bayer(?) M. D.
(Address) Fredericktown Mo