

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.

NOV 26 1930

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

Do not use this space.

33515

1. PLACE OF DEATH

County Madison  
Township St Michael  
City Waldron, Mo. (No. ....)

Registration District No. 538  
Primary Registration District No. 0723

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME James Francis

(a) Residence No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Francis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 4 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Madison Co., Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Lenord Francis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co., Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Bonds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

14. INFORMANT Maggie Shoemaker  
(Address) Fredricktown, Mo.

15. FILED Oct 31 1930 C. W. Dyer  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1930, to Oct 10, 1930, that I last saw him alive on Oct 6, 1930, and that death occurred, on the date stated above, at 10- P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senile Decay  
137  
132 B  
153 (duration) yrs. mos. ds.  
CONTRIBUTORY Enlarged Prostate  
(SECONDARY)  
and Urinemia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? 125

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. B. Barber, M. D.

10/10 .1930 (Address) Fredericktown Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Littlevine Cem. Madison Co. Mo. Oct 11 1930

20. UNDERTAKER

Home

ADDRESS

