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

Do not use this space. 15288

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. ... Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 2157
Registered No.

2. FULL NAME: Lee L. Franklin
(a) Residence. No. 1710 E 10 St., 9 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: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie M. Franklin
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 13, 1886
7. AGE: 41 Years 4 Months 2 Days 10 If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Center Cty Okla.

PARENTS
10. NAME OF FATHER: Alfred Franklin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Center Cty Franklin
12. MAIDEN NAME OF MOTHER: Menezia Franklin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Nellie M. Franklin
(Address) 1710 E 10 St.
15. FILED 5/25 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/23 1927
17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Homicide - Firearm
173
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) 197
(duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 5/23/27
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
5/23/27 (Signed) [signature], M. D.
(Address) Deputy Coroner

*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: Davis Okla
DATE OF BURIAL: 5/25 1927
20. UNDERTAKER: Jul. A. Fickler
ADDRESS: 1209 Vine

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.