

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Franklin Primary Registration District No. 702
 City Franklin City (No. 1511 E. 12th.)

File No. 4869
 Registered No. 524 (Ward)

2. FULL NAME

Gordon Franklin
 (a) Residence. No. 1511 E. 12th. St., 2 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. **4. COLOR OR RACE** col. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25 1909

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
18 1 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy
 (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) Okla.

10. NAME OF FATHER W. George Franklin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Cora Hobbs

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

14. INFORMANT Cora Franklin
 (Address) 1511 E. 12th Street

15. FILED 2/6/28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 11:50 a.m., 1928, to 2/3/28, 1928, that I last saw her alive on 2/1/28, 1928, and that death occurred, on the date stated above, at 12:09 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pneumonia & Phthisis
2.3A
109A (duration) yrs. mos. ds.
CONTRIBUTORY B
(SECONDARY)
Pneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Home

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X - D. C.
 (Signed) Dr. F. H. Phillips, M. D.
15, 1928 (Address) 2834 Bankers Bldg. on Hillman

*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 Highland **DATE OF BURIAL** 7/8 1928

20. UNDERTAKER Hatkins Bros **ADDRESS** 1729 Lydia

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.

