

well
23 1928

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

Do not use this space.

23442

1. PLACE OF DEATH
 County Douglas Registration District No. 288
 Township Primary Registration District No. 4712
 City Kennett, Mo. (No.) St. Ward (.....)

2. FULL NAME J. A. Franklin
 (a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 - 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>3</u>	<u>21</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employee) James
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-17-28
 17. I HEREBY CERTIFY That I attended deceased from James 1928 to July 17 1928 that I last saw him alive on July 15 1928 and that death occurred, on the date stated above, at
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
924 900
 CONTRIBUTORY (SECONDARY)
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: none
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Organic Heart Dis
 (Signed) H. P. Murrell, M. D.
 , 19 (Address) Kennett
 *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 Oak Ridge Cem DATE OF BURIAL 7-18-28
 20. UNDERTAKER A. C. Lunsdell ADDRESS Kennett, Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Juan Franklin

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

12. MAIDEN NAME OF MOTHER Scott Knaw

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

14. INFORMANT J. M. Wilbur
 (Address) Kennett, Mo.

15. FILED 2/18/1928 C. S. Spence, M.D. REGISTRAR

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.

