

1928
All information shown hereon 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.

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

Do not use this space.

24712

File No.
Registered No. 201
St. Ward)

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Neola Primary Registration District No. 3-889
City (No.)

2. FULL NAME

Mrs Ida May Franklin

(a) Residence No. Route # 7, Sedalia St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 4

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

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

10. NAME OF FATHER Philip McBane

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

12. MAIDEN NAME OF MOTHER Lucetta Dawson

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

14. INFORMANT A D Franklin
(Address) 1589 Arcade Bldg Long Mo

15. FILED 7-14-28 19 28
J. J. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 19 28

17. I HEREBY CERTIFY, That I attended deceased from
to 19.....
that I last saw h..... alive on..... viewed body..... and that death occurred, on the date stated above, at..... in.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Drowning

18. CONTRIBUTORY (SECONDARY) 182
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. J. Power Coroner, M. D.
Address 7-13 Sedalia 2nd

*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 Sedalia Mo DATE OF BURIAL 7/12 1928

20. UNDERTAKER McLaughlin Bros ADDRESS Sedalia

