OV 20 1928

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

32662

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Antioch — Primary Registration District No. 3002 — Registered No. 154
City Mexico Mo. (No. ..... St. ..... Ward)

2. FULL NAME James Daniel Franklin
(a) Residence. (Usual place of abode) No. 2501 E. 28th St., ... Ward. Kansas City Mo (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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4 - 1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15	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) Kansas City
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Wm. Joseph Franklin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Beula Cogswell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas

14. INFORMANT Wm. Joseph Franklin
(Address) Aladdin Hotel Kansas City Mo

15. FILED Oct 16th 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1928, to Oct 14, 1928, that I last saw him alive on Oct 14, 1928, and that death occurred, on the date stated above, at 9 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro-Spinal Meningitis
79B
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Don't Know
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? State board of Health
(Signed) H. R. Rodes, M. D.
, 19 (Address) Mexico 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: Kansas City Mo — DATE OF BURIAL: Not Stated 1928

20. UNDERTAKER: McPheeters Bros — ADDRESS: Mexico Mo