DEC 31 1928

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

Do not use this space.

34381

1. PLACE OF DEATH County: Pettis Registration District No.: 665
Township: Houstonia Primary Registration District No.: 4398
City: — (No. ..... St. ..... Ward)

File No. .....
Registered No. 6

2. FULL NAME: Ruth Orania Franks

(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 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: E. E. Franks

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 13-1875

7. AGE: Years 53 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Cuyahoga Falls
(STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: Hiram Wood
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Electa Baldwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): New York

14. INFORMANT: E. E. Franks
(Address): Houstonia Mo.

15. FILED 11-24-1928 Edwin G. Smith, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 8 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to Oct 4, 1928, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 7-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
Cerebral
Apoplexy
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cerebral Apoplexy
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Hemiplegia
(Signed) A. L. Vanderhurst, M. D
, 19 (Address) Houstonia

*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: Wilson Cemetery
DATE OF BURIAL: Oct 7 1928

20. UNDERTAKER: W. C. Westbrook
ADDRESS: Houstonia

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.