V 22 1928

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

Do not use this space.

34434

1. PLACE OF DEATH
County Pike
Township Calumet
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 685
Primary Registration District No. 5909 B
File No. 19
Registered No. 26

2. FULL NAME Walter 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: B
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): W.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know
7. AGE: Years 63; Months; Days; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm Labourer
(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): Missouri

PARENTS
10. NAME OF FATHER: James Franklin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Melia Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri

14. INFORMANT: Nettie Franklin
(Address): Louisiana Missouri
15. FILED Nov 1, 1928 H W Trautwein
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 21 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1928, to Oct 21, 1928, that I last saw him alive on Oct 21, 1928, and that death occurred, on the date stated above, at 4:35 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of brain
(duration) ..... yrs. ..... mos. 1 hr.
CONTRIBUTORY (SECONDARY): Fell & hit head
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) Chas L Bauchhead, M. D
Oct 21, 1928 (Address) [redacted]

*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: Berry Mitchell Cemetery
DATE OF BURIAL: Oct 24 1928
20. UNDERTAKER: W D Bradley by S H Bradley
ADDRESS: Elsberry Mo.

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.