

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

Do not use this space.

36764

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. _____) Registered No. 392
 (Ward) _____

2. FULL NAME George A. Franklin
 (a) Residence No. 422 San How Rd St. 1st. Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 77 yrs. 11 mos. 5 da. How long in U.S., if of foreign birth? 77 yrs. 11 mos. 5 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND or (or) WIFE of Alice Wilson Franklin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 11 5

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

9. BIRTHPLACE (CITY OR TOWN) Independence, Mo.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Franklin

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

12. MAIDEN NAME OF MOTHER Eliza Anderson

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

14. INFORMANT Edie Franklin Malus
 (Address) Independence Mo.

15. FILED 11/20 1928 F. K. Book
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Nov. 12th 1928, to Nov. 16 1928, and that I last saw him alive on Nov. 15, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia from acute suppurative inflammation of kidneys
12/16/28 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Complete obstruction of common duct @ pancreas
 (duration) _____ yrs. _____ mos. 20 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Chas E. Nickerson, M. D.

11/17, 1928 (Address) Independence 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 Woodlawn, Ind. Mo. DATE OF BURIAL Nov 17 1928

20. UNDERTAKER Ott and Mitchell ADDRESS Independence Mo.

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.

1928

