

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

Do not use this space.

IN 24 1929

17520

1. PLACE OF DEATH

County Carroll
Township East
City Norborne (No.)

Registration District No. 138
Primary Registration District No. 4078

File No.
Registered No. 14
St. Ward

2. FULL NAME

Sybilca A. Franken
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 5-4-29, 1929, to 5-21-29, 1929.
that I last saw him alive on 5-21-29, 1929, and that death occurred, on the date stated above, at 12:15 A.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-26-1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 10 25

Coronary of Ricture.
H&D
(duration) Dist. Kans. ds.

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

CONTRIBUTORY (SECONDARY) 45
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cross Plains
(STATE OR COUNTRY) Wis.

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

10. NAME OF FATHER Joseph Koenig

8 DID AN OPERATION PRECEDE DEATH? DATE OF ..

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

18. WHERE WAS DISEASE CONTRACTED
WAS THERE AN AUTOPSY? ..

12. MAIDEN NAME OF MOTHER Elizabeth Schafe

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B. C. Coles, M. D.

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

May 23, 1929 (Address) Norborne Mo.

14. INFORMANT Joe Franken
(Address) Norborne 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.

15. FILE May 23, 1929 E. H. Muscardin
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Booneville, Mo DATE OF BURIAL 5-23 1929

20. UNDERTAKER Standley Funeral Home ADDRESS Carrollton 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.

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