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

Do not use this space.

25645

File No. .....

Registered No. 29

1. PLACE OF DEATH

County: Sullivan

Township: Jackson

City: Oaseay Boynton (No. ..... St. ..... Ward)

Registration District No. 8-5-2

Primary Registration District No. 6124.

2. FULL NAME: Elzd McCan Franklin

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Thos. Robert Franklin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 3, 1857

7. AGE: Years 73 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm Wife
(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): Van Buren County Iowa

PARENTS

10. NAME OF FATHER: John Wood

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

12. MAIDEN NAME OF MOTHER: Rebecca Jett.

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

14. INFORMANT: Bernard Franklin
(Address): Boynton, Mo.

15. FILED: July 30, 1930 Bertha McClary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1930, to July 28, 1930, that I last saw him alive on July 28, 1930, and that death occurred, on the date stated above, at 4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary occlusion
94 B
97

..... (duration) some yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): arterio sclerosis

..... (duration) some yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. S. Montgomery, M. D.
July 28, 1930 (Address) Milan 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: Campbell Cem Jackson Twp Mo — DATE OF BURIAL: July 30 1930

20. UNDERTAKER: C. Schaene — ADDRESS: Milan Mo

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