

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.

OCT 31 1930

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

Do not use this space.

30779

1. PLACE OF DEATH

County Polk
Township Lebanon
City Clarksville

Registration District No. 685
Primary Registration District No. ~~685~~ 4409

File No. 21
Registered No. 88
St. _____ Ward _____

2. FULL NAME

Edwin M 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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 75

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Paper hanger
(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

10. NAME OF FATHER

Wm. S. Franklin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

15. FILED 9-30, 1930 W. W. Broadway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~9-16~~ 9-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/8, 1930, to 9-16, 1930.
that I last saw him alive on 15/8 9-15, 1930, and that death occurred, on the date stated above, at _____ m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(duration) instant yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis
(duration) 15 yrs 8 mos ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? N.O.

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) John H. Buntlett, M. D.

9-16, 1930 (Address) Clarksville 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

DATE OF BURIAL

Clarksville Sept 18, 1930

20. UNDERTAKER

ADDRESS

L. Brown Clarksville

