

Dr. Chester Butler Mo  
Do not use this space.

NOV 21 1930

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

32061

1. PLACE OF DEATH  
 County Bates Registration District No. 52  
 Township Walnut Primary Registration District No. 5-087  
 City Waverly St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jennie E 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 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 C. D. Franklin  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1 - 1886  
 7. AGE YEARS MONTHS DAYS 'If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
44 : 8 : 27  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Waverly (STATE OR COUNTRY) Kansas  
 10. NAME OF FATHER Mr. Ellis  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

14. INFORMANT Charles Graeber (Address) Waverly, Bates Co., Mo.  
 15. FILED Oct 29 1930 H. A. Rhoades, M.D. REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Tuesday Oct 28 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 4/13/13, 1930, to Oct 28 1930 that I last saw h. ex. alive on Oct 26 1930 and that death occurred, on the date stated above, at 6 PM

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Hypertension (SECONDARY) (duration) 4 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) E. N. Chastain M. D.  
10/30, 1930 (Address) Butler 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 Waverly DATE OF BURIAL Oct 30 1930  
 20. UNDERTAKER R. Taylor & Son ADDRESS Waverly, Kansas

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.

