

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

Do not use this space.

792

PLACE OF DEATH

County Franklin
Township _____
City Malden (No. _____)

Registration District No. 289
Primary Registration District No. 4173

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME Franklin Eugene Prince

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>11</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Malden Mo.
(STATE OR COUNTRY)

13. NAME Freeman E. Prince

14. BIRTHPLACE (CITY OR TOWN) Malden Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth L. Smith

16. BIRTHPLACE (CITY OR TOWN) Senath Mo.
(STATE OR COUNTRY)

17. INFORMANT J. E. Smith Prince
(ADDRESS) Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden DATE 1-20 1931

19. UNDERTAKER W. L. Craig
(ADDRESS) Malden Mo.

20. FILED 1-20 1931 S. E. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1931

22. I HEREBY CERTIFY That I attended deceased from January 15 1931, to January 19 1931.
I last saw him alive on January 19 1931. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:
Diphtheritic Laryngitis Date of onset 1-13-31

Other contributory causes of importance: 10

Name of operation none Date of ✓
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 1931
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S. E. Mitchell, M. D.
(Address) Malden Mo

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.

FEB 18 1931

E. M.

