

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

Do not use this space.

24381

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3007
City Fulton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 161

2. FULL NAME

Wm M. Franks
(a) Residence, No. Hawk Point Mo. St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. 7 mos. 18 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-30-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 3 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverm Co Mo

13. NAME Henry Franks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Lavoche

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverm Co.

17. INFORMANT (ADDRESS) Ben Frank
Liverm Co Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE July 19 1931

19. UNDERTAKER (ADDRESS) J. J. Phelps
Fulton Mo. State Hosp

20. FILED July 19 1931 R. M. Owens
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-18-1931
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on July 17-1931. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

Did suddenly cause of death not determined
8484
Other contributory causes of importance:
Complete mental deterioration. Deceased not possible of expressing any subjective symptoms.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? _____
If so, specify _____
(Signed) J. R. Frazer M. D.
(Address) Fulton State Hospital

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.

AUG 25 1931

MISSOURI STATE BOARD OF HEALTH

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