WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

35328

1. PLACE OF DEATH

County Phelps — Registration District No. 676 — File No.

Township Liberty — Primary Registration District No. 5900 — Registered No. 30

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Alfonso Franz

(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: M

4. COLOR OR RACE: W

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) 11-22-1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 1921

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

FATHER

13. NAME Joseph Franz

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

MOTHER

15. MAIDEN NAME Mary Holdthouse

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

17. INFORMANT (ADDRESS) R. Franz Arlington Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mill Cr. DATE 10/25, 1931

19. UNDERTAKER (ADDRESS) Lee Johnson

20. FILED 10/25, 1931 BT Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Oct 24, 1931

I last saw him alive on Oct 23, 1931. Death is said to have occurred on the date stated above, at 12:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	
92B	
15B	
57B	

92B

Other contributory causes of importance:

Chronic Rheumatism &
Endocarditis

Name of operation None Date of

What test confirmed diagnosis? 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 ....., 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? No

If so, specify

(Signed) R E Brener, M. D.

(Address) Newburg Mo