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.

FEB 23 1932

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

Do not use this space.

279

1. PLACE OF DEATH
12 County ~~Stoddard~~ Butler — Registration District No. 89
3 Township ~~Liberty~~ — Primary Registration District No. 3007
7 City Poplar Bluff (No. ..... St. ..... Ward)

File No. .....
Registered No. 4

2. FULL NAME A. M. Franklin, Jr.

(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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Reutha Potts Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10, 1898

7. AGE: YEARS 33 — MONTHS 4 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 1
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): 12-23-31
11. Total time (years) spent in this occupation: LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La. 2

FATHER
13. NAME: A. M. Franklin, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER
15. MAIDEN NAME: Kitty Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

17. INFORMANT (ADDRESS): A. M. Franklin, Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Col. Cem DATE 1/3 1932

19. UNDERTAKER (ADDRESS): C. O. Biggs, Dexter Mo

20. FILED Jan 3 1932 B. J. Clark, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 1 — 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1-32, 19..., to 1-1-32, 19...
I last saw h. I. M. alive on 1-1-32, 19..... Death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction acute	12-27-31
121A	
122B / 2	

Other contributory causes of importance:

Appendicitis acute perforated	12-27-31

Name of operation: Laparotomy — Date of: 1-1-32
What test confirmed diagnosis? inspection — 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 ..... (1)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B. J. Macauley, M. D.
(Address) Poplar Bluff Mo