

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

Do not use this space.

3363

**PLACE OF DEATH**

County Saline  
Township  
City Marshall (No. ....)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 3  
St. .... Ward)

**2. FULL NAME** Mary Eva 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 Phillip H. Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 6 24

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

13. NAME F. H. Gilliam

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

15. MAIDEN NAME Laura E. Hayes

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

17. INFORMANT Phillip H. Franklin (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Jan 6 1932

19. UNDERTAKER T. M. Camp (ADDRESS) Marshall Mo.

20. FILED 1-12 1932 Mrs. John H. McEure Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1932

22. I HEREBY CERTIFY, that I attended deceased from 12-15 1931 to 1-4 1932. I first saw her alive on 1-4 1932. Death is said to have occurred on the date stated above, at 12:18 p.m.

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

Lobar Pneumonia 1931 12-15

Other contributory causes of importance: 1 Inguinal Neuritis years

Name of operation none Date of none  
What test confirmed diagnosis? Chest x-ray Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no. Date of injury none  
Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none  
Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify Respiratory M. D.  
(Signed) Marshall Mo.  
(Address) Marshall 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 25 1932

