

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

Do not use this space.

8337

**1. PLACE OF DEATH**

County Jackson Registration District No. 30  
 Township Blair Primary Registration District No. 1512  
 City Kansas (No. 708 Washington) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 908

**2. FULL NAME**

Charles Franklin  
 (a) Residence, No. 708 Washington / Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 9 yrs. 8 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 Yrs 2 (3) 58

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown  
 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) unknown 31

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) 708 Washington Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 5 7 1932

19. UNDERTAKER (ADDRESS) John B. Brown

20. FILED 3/4 19 32 M. M. Corrigan Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 19 32

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 2, 1932  
 I last saw him alive on March 2, 1932 at 8:10 p.m. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3-23-32  
82A  
107A / 107W

Other contributory causes of importance:  
Acute Bronchitis  
Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cerebral 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Brown, M. D.  
 (Address) 1112 1/2 Main Ave

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.

