

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

Do not use this space.

16354

2147

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township KAW Primary Registration District No. _____
City Kansas City (No. St. Luke's Hospital St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME Renard Franklin

(a) Residence, No. _____ St. _____ Ward. Pleasant Hill, Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31, 1969</u>				
7. AGE YEARS <u>63</u>	MONTHS <u>3</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer 751</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>			
	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) <u>Missouri</u>				
MOTHER / FATHER	13. NAME <u>Thomas Franklin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Margaret Gibson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Mrs. Dillard Stalnaker,</u> (ADDRESS) <u>Pleasant Hill, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hampton, Mo</u> DATE <u>May 30, 1932</u>				
19. UNDERTAKER <u>W. W. Hon,</u> (ADDRESS) <u>Pleasant Hill, Mo</u>				
20. FILED <u>5/29</u> , 19 <u>32</u> <u>M. M. Crow</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29, 1932

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____
I last saw him alive on _____, 19____. 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:
accidental automobile Date of onset _____
trauma to the head
2100 Pleasant Hill
Mo

Other contributory causes of importance:
Auto train 7 200

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? yes Date of injury 5/29, 1932
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 Run by car
Nature of injury Fract. base skull

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Margaret Gibson, M. D.
(Address) Pleasant Hill

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.

