

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

Do not use this space.

19106

1. PLACE OF DEATH

36 County Dallas
Township Lincoln
City Atlanta

Registration District No. 2115
Primary Registration District No. 5339

File No.
Registered No.
St. Ward)

2. FULL NAME Bill 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther Franklin

22. I HEREBY CERTIFY That I attended deceased from June 9, 1932 to June 10, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1879

I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at 109..m.

7. AGE YEARS 53 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.

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

Bronchial Pneumonia Date of onset June 10, 1932

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Dallas Tex (STATE OR COUNTRY) no

13. NAME John F. Dapp

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

15. MAIDEN NAME Mollie Kerns

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

17. INFORMANT Luther Franklin (ADDRESS) Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Valley DATE June 12 1932

19. UNDERTAKER W. J. ... (ADDRESS) ...

20. FILED 6-14, 1932 Missouri Valley Registrar.

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? 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? If so, specify

(Signed) W. E. Hanson, M. D. (Address) Lombard Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1932

