

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Key-Seaville
City Key-Seaville (No. _____)

Registration District No. 171
Primary Registration District No. 4100

File No. 22252
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) <u>Peter Franklin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 - 1862</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>4</u>
	DAYS <u>3</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>Farmer</u>	
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key-Seaville Mo.</u>
	13. NAME <u>Henry Franklin</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Don't know</u>
	15. MAIDEN NAME <u>Eliza Crowe</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Don't know</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Bon Shively</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buried Christian</u> DATE <u>July 20 1932</u>
	19. UNDERTAKER (ADDRESS) <u>Edw. J. Shively Key-Seaville Mo.</u>
	20. FILED <u>July 20 1932</u> <u>Zettie Reed</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1932

22. I HEREBY CERTIFY That I attended deceased from July 12, 1932 to July 18, 1932. I last saw him alive on July 18, 1932. Death is said to have occurred on the date stated above, at 10:30 P m. The principal cause of death and related causes of importance were as follows:
Bronchitis pneumonia

Other contributory causes of importance:
chronic Bronchitis
chronic interstitial nephritis

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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 E
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) O. H.annon, M. D.
(Address) Key-Seaville 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.

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