

Dr. W. W. ...
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22345

File No. *169*
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County *Cole*
 Township _____
 City *Jefferson City* (No. _____)

Registration District No. *213*
 Primary Registration District No. *3214*

2. FULL NAME Mrs. Henry Franken

(a) Residence, No. *Linn, Missouri* 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 **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 **Henry Franken**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 22, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
70 9 m 4

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

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) **Loose Creek, Mo.**

13. NAME **Frank Schiler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Loose Creek, Mo.**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Loose Creek, Mo.**

17. INFORMANT **Jno. Franken**
 (ADDRESS) **Jefferson City, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Linn, Mo.** DATE **July 28, 1932**

19. UNDERTAKER **Heinrichs Funeral Home**
 (ADDRESS) **12 E. High St. J.C. Mo.**

20. FILED *7/27/32* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 26, 1932**

22. I HEREBY CERTIFY, That I attended deceased from *June 5, 1932* to *July 26, 1932*. Death is said to have occurred on the date stated above, at *10* m. I last saw her alive on *July 26, 1932*.
 The principal cause of death and related causes of importance were as follows:

*1360
194 B
18
Tubercular embolism*

Date of onset *Sh...*

Other contributory causes of importance: **1**
Two hundred years ago

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) *Wm. A. ...*, M. D.
 (Address) *...*

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.

AUG 23 1932

The following information was obtained from the records of the Federal Bureau of Investigation, Department of Justice, on the subject named above:

[The remainder of the page contains extremely faint and illegible text, likely a list of records or a detailed report.]

[This section contains additional faint and illegible text, possibly a continuation of the report or a separate set of notes.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

1. PLACE OF DEATH

County.....
Township.....
City Jeff City No.....

Registration District No. 213
Primary Registration District No. 3014

File No.....
Registered No. 169
St. Ward.....

2. FULL NAME

(a) Residence, No. X Margaret St. Ward. X Franken
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71

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

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) Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER Charles Heinrichs (ADDRESS) 712 East High St

20. FILED Dec 27 1910 W. R. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from, 19....., 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:

Pulmonary Embolism Date of onset

Other contributory causes of importance:

Slipped in her home fell & fractured femur

Name of operation 1860 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) M. R. Aldridge, M. D.
(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF D. I. H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22345