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.

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

Do not use this space.

30821

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. City Hosp. No. 2 St. ..... Ward)

File No. .....

Registered No. 8530

2. FULL NAME Lydia Franklin

(a) Residence, No. 3025 Morgan St. 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. —mos. —ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2 4

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME James Williams

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

MOTHER

15. MAIDEN NAME Nellie Petty

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

17. INFORMANT (ADDRESS) A. G. Creath City Hosp. No. 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Sept 23, 1932

19. UNDERTAKER (ADDRESS) A. H. Bendlin Walter 2701 Sandoland

20. FILED ....., 19 SEP 23 1932

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-9-, 1932, to 9-15-, 1932

I last saw her alive on 9-15-, 1932. Death is said to have occurred on the date stated above, at 9:25 P.m.

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

	Date of onset
93C	
95B	
Acute Dilatation of Heart	Sudden

Other contributory causes of importance:

Chronic Myocarditis

93C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

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) C. M. Smith, M. D.

(Address) City Hosp. No. 2