

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

Do not use this space.

10478

1. PLACE OF DEATH

County Newton
Township 2
City Isabella (No. _____)

Registration District No. 614
Primary Registration District No. 4555

File No. 25
Registered No. 17
St. _____ Ward _____

2. FULL NAME Infant Frank's

(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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 1 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Pa (STATE OR COUNTRY) ma

13. NAME Genev Cleveland Franko

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

15. MAIDEN NAME Bessie M. Price

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

17. INFORMANT Cleve Francis (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravely no DATE Mar 5 1933

19. UNDERTAKER Family (ADDRESS)

20. FILED 2-4 1933 J. M. T. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1933, to Mar 4 1933

I last saw her alive on Mar 4 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Premature 5 mo. Date of onset _____

157

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Other contributory causes of importance: _____

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 PELLEUS (Signed) _____, M. D.

(Address) Isabella Mo

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.

APR 24 1933

W. S. NO. 2.

CONFIDENTIAL - SECURITY INFORMATION

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