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.

PR 28 1933

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

Do not use this space.

10917

1. PLACE OF DEATH
County St Louis
Township Bonhomme
City Manchester
Registration District No. 785 Manchester Nursing Home
Primary Registration District No. 6031
(No. ~~St Louis County Hospital~~ St. ..... Ward)
File No. .....
Registered No. 83

2. FULL NAME Frances Louise Franks
(a) Residence, No. 2652 Lyle 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. 1 mos. 2 weeks 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) married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Edgar T. Franks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1863

7. AGE YEARS 69 MONTHS 8 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Mercer Co. Pennsylvania

FATHER
13. NAME Wm Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U S A

MOTHER
15. MAIDEN NAME Catherine Breckinridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Edgar T Franks 2652 Lyle ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE April 1 1933

19. UNDERTAKER (ADDRESS) Parker End Co Webster Groves

20. FILED 3/31 1933 C. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1932, to 3-31 1933
I last saw her alive on Mch. 30 1933. Death is said to have occurred on the date stated above, at 3 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility —	
Val. Heart Lesion	9
Other contributory causes of importance: Due to accidental Fall on stairs in Home, Fractured Hip - none healing, Senior Dementia	1

Name of operation ..... 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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) L. C. Obrock, M. D.
(Address) Clayton Mo.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD