

WHITE PRINT, 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.

AUG 26 1933

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

Holbert
Do not use this space.

24037

1. PLACE OF DEATH

County Missouri Registration District No. 668
Township Seclavia Primary Registration District No. 3032
City Seclavia (No. 600, W 4th) St. Seclavia Ward 4th

File No. _____
Registered No. 177

2. FULL NAME

Sarah M. Franklin
(a) Residence, No. 600 W 4th 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Franklin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27 1847
7. AGE YEARS 85 MONTHS 7 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as planer, 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) Mo

13. NAME Wm Morgan

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

15. MAIDEN NAME: Malinda Amick

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

17. INFORMANT Mr R. R. Hightower (ADDRESS) Seclavia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 7/12/33

19. UNDERTAKER Gillespie Trullinger (ADDRESS) Seclavia Mo

20. FILED July 12, 1933 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25 to July 10, 1933. I last saw her alive on July 10, 1933. Death is said to have occurred on the date stated above, at 4 P. m. The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset May 30, 1933
(Parenchymatous)
with some edema
+ Uræmia
Other contributory causes of importance: Dilatation of Heart
+ Endocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) E. D. Holbert
(Address) 412 S. Ohio, Seclavia, Mo.

