

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.

36014

1. PLACE OF DEATH

County ClintonRegistration District No. 204

Township

Primary Registration District No. 3013City Cameron (No. 4)

St. _____ Ward _____

2. FULL NAME James Ashby Franklin

(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

male

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

Mary Franklin

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

June 28, 1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

71412

OCCUPATION

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

Doctor of Med.

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)

Tennessee

FATHER

13. NAME

Benjamin Franklin

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

MOTHER

15. MAIDEN NAME

Margaret Blair

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

17. INFORMANT

(ADDRESS)

Mrs. J. A. Franklin
Cameron, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wheeler Cem DATE Nov. 12, 1933

19. UNDERTAKER

(ADDRESS)

J. W. Poland
Cameron, Mo

20. FILED

Nov. 11, 1933 A. H. Riley
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

NOV 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Nov 10, 1933 to Nov 12, 1933I last saw him alive on Nov 10, 1933 Death is saidto have occurred on the date stated above, at 1:30 p.m.

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

Aspirina Tablets Date of onset

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 _____

(Signed) A. H. Riley

M. D.

(Address) Cameron, Mo

JUN 9 1961