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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6986

Township ..... Primary Registration District No. 1003 Registered No. 1862

City St. Louis (No. 1105 So. Cardinal Ave. St. ..... Ward)

2. FULL NAME Ella Franklin

(a) Residence, No. 1105 So. Cardinal St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable 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 Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Unavailable Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1889

7. AGE YEARS 44 MONTHS 2 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Clarksville Tennessee

FATHER

13. NAME William Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tennessee

MOTHER

15. MAIDEN NAME Mary Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tennessee

17. INFORMANT (ADDRESS) Mina Freeman 2710 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 25, 1934

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Ave.

20. FILED FEB 21 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1934 to February, 1934

I last saw her alive on February 17, 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Pneumonia Lobar

Date of onset

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Other contributory causes of importance:

Ac Myocarditis

" Nephritis

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) Leo V. Garvin, M. D.

(Address) 2836 Chouteau Avenue,