

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.

JUL 29 1935

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

Do not use this space.

21887

1. PLACE OF DEATH

County *Sullivan*
Township *Polk*
City (No) _____

Registration District No. *854*
Primary Registration District No. *6120*

File No. _____
Registered No. _____

2. FULL NAME

Elsie Ann Franklen

(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 *30* 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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. Russell Franklen*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 16, 1874*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>60</i>	<i>5</i>	<i>19</i>	

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. *on farm.*
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) *Sullivan County Missouri*

MOTHER FATHER
13. NAME *John W. Taylor*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sullivan Co, Missouri*

MOTHER FATHER
15. MAIDEN NAME *Martha G. Harmon*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sullivan Co, Missouri*

17. INFORMANT *J. Russell Franklen*
(ADDRESS) *milan, Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Deep Springs Co* DATE *June 8, 1935*

19. UNDERTAKER *C. A. Scherer*
(ADDRESS) *milan Mo*

20. FILED *July 2, 1935* *Cleo Hagan*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 5, 1935*

22. I HEREBY CERTIFY that I attended deceased from *June 1, 1935* to *June 4, 1935*
I last saw her alive on *June 4, 1935* Death is said to have occurred on the date stated above, at *10 a. m.*
The principal cause of death and related causes of importance were as follows:

Common of Pines -

Other contributory causes of importance *None*

Name of operation _____ Date of _____

What test confirmed diagnosis? *X-ray* Was there an autopsy? *N.O.*

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) *Ernest A. Harmon, M.D.*

(Address) *milan, Mo.*

