

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

Do not use this space.

22617

AUG 14 1935

1. PLACE OF DEATH

County Franklin Registration District No. 286
Township Franklin Primary Registration District No. 2404B
City Franklin (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 1934</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>3</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child at home.</u>	
	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) <u>Franklin Co</u>		
MOTHER	13. NAME <u>Oloyd Wallace</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co</u>	
	15. MAIDEN NAME <u>Pauline Jackson</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co</u>		
17. INFORMANT <u>W. M. Jackson</u> (ADDRESS) <u>Franklin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumach</u> DATE <u>July 12 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Lyby</u> <u>Franklin Mo.</u>		
20. FILED <u>8-10</u> 19 <u>35</u> <u>J. Anderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1935

22. I HEREBY CERTIFY, that I attended deceased from July 10, 1935, to July 11, 1935
I last saw him alive on July 10, 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:
Infarct Cerebri
Date of onset 2-28-35

Other contributory causes of importance:
MS

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? no
If so, specify _____
(Signed) W. M. Jackson, M. D.
(Address) Franklin Mo.

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.

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

