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.

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

Do not use this space.

36206

DEC 26 1935

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Dam — Primary Registration District No. — Registered No.
City R. C. Mo. (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME Lewis Franklin
(a) Residence, No. 1316 Tracy St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lucille Franklin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-1880
7. AGE YEARS 55 MONTHS 5 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bluy Ridge Lawn DATE Nov. 22" 1935
19. UNDERTAKER (ADDRESS) C. H. Connelle & Son City
20. FILED 11-22 1935 M. M. Crowe Apt. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8, 1935
22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1935 to 11-8, 1935
I last saw him alive on 11-8, 1935. Death is said to have occurred on the date stated above, at 5 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Hype	
Heart Disease	

Other contributory causes of importance:
Chronic Arteriosclerotic
Nephritis with
Pulmonary Edema

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

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) G. C. Turner M. D.
(Address) General Hosp. #2