

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.

JUL 29 1936

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

Do not use this space.

25255

1. PLACE OF DEATH

County Sullivan  
Township Bowman  
City                     

Registration District No. 8.5-1  
Primary Registration District No. 6117K

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME

Elizabeth A. Franklin

(a) Residence No.                      St.                      Ward.                       
(Usual place of abode)  
Length of residence in city or town where death occurred 50 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse H. Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1853

7. AGE YEARS 82 MONTHS 7 DAYS 3 IF LESS than 1 day, ..... hrs. or ..... min.

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 Co. Missouri

MOTHER FATHER  
13. NAME Jacobiah Shatto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

15. MAIDEN NAME Mariah Clem

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

17. INFORMANT William Franklin  
(ADDRESS)                     

18. BURIAL, CREMATION OR REMOVAL Shatto Cem DATE July 1, 1936

19. UNDERTAKER A. A. Schrage  
(ADDRESS)                     

20. FILED June 30, 1936 Cordelia Shores  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1936

22. I HEREBY CERTIFY That I attended deceased from April 15, 1936, to June 30, 1936.  
I last saw her                      alive on June 25, 1936. Death is said to have occurred on the date stated above, at 4:45 m.

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

Influenza followed by pneumonia with effusion

Date of onset about April 15, 1936

Other contributory causes of importance: arteriosclerosis, Bronchitis

Name of operation                      Date of                     

What test confirmed diagnosis?                      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? no

If so, specify                       
(Signed) J. S. Montgomery, M. D.  
(Address)

