

APR 9 1937

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**

Township

City Registration District No. **1003**City **St. Louis** (No. **2**)**City Hospital No. 2**File No. **9929**Registered No. **2489**St. **2** Ward)2. FULL NAME **Olivia Franklin**(a) Residence, No. **2030 Carr St.** St. **21** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **13** 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 Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Solomon Franklin**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 20, 1898**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
30	38	3	6	

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) **Mississippi**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Ruby Perdeau**
(ADDRESS) **2945 Lawton**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Money, Miss.** DATE **3/6/37** ..1919. UNDERTAKER **W. S. Wade Und. Co.,**
(ADDRESS) **4202 Finney Ave.**20. FILED **MAR 3 1937**
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 26**, 19 **37**22. I HEREBY CERTIFY, That I attended deceased from **Feb. 21**, 19 **37**, to **Feb. 26**, 19 **37**I last saw her alive on **Feb. 26**, 19 **37** Death is saidto have occurred on the date stated above, at **7:45 A. M.**

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

Hypertensive Heart Disease**Uremia Results of Chnephritis**

Date of onset

2-21-37Other contributory causes of importance: **131**

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

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) **W. S. Lewis**(Address) **2945 Lawton**

, M. D.

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.

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