

JUL 30 1937

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

Do not use this space.

24202

1. PLACE OF DEATH

County Livingston
Township Rich Hill
City (No. _____) _____

Registration District No. 508
Primary Registration District No. 5685

File No. _____
Registered No. 97
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Johanna Franklin
(Usual place of abode) Whiting Mo. Route 2

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to July 7, 1937

I last saw ~~her~~ her alive on July 6, 1937. Death is said to have occurred on the date stated above, at 4-A m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mich. 12-1864

7. AGE YEARS 73 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

Date of onset Spinal thrombosis

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Atherosclerosis

Other contributory causes of importance: AM

12. BIRTHPLACE (CITY OR TOWN) Londre (STATE OR COUNTRY) Ohio

MOTHER 13. NAME Morris Martin

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Catharine Statterly

FATHER 16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Franklin
Whiting Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leopoldus DATE July 9, 1937

19. UNDERTAKER (ADDRESS) Smiley Funeral Home
Whiting Mo.

20. FILED July 8, 1937 Donald W. Good Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) W.H. Messinger, M. D.
(Address) Whiting Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

