SEP 211

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

Do not use this space.

29623

File No. .....

Registered No. .....

1. PLACE OF DEATH

County JACKSON — Registration District No. 399

Township KAW — Primary Registration District No. 1002

City KANSAS CITY (No. MENORAH HOSPITAL ..... St. ..... Ward)

2. FULL NAME MR STERLING PRICE FRANKLIN

(a) Residence, No. FOUNTAIN RUN KY, 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. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

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: ADDIE FRANKLIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC, 11, 1865

7. AGE: YEARS 71 — MONTHS 7 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

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.: .....

10. Date deceased last worked at this occupation (month and year): July 20, 1936

11. Total time (years) spent in this occupation: 60 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fountain Run Kentucky

FATHER

13. NAME: Pecky

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): Harry T. Franklin Louisville, Kentucky

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cave, Kentucky DATE August 4 1937

19. UNDERTAKER (ADDRESS): D. W. Newsomers Sons

20. FILED Aug 4, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): AUG. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to Aug 4, 1937

I last saw him alive on Aug 4, 1937. Death is said to have occurred on the date stated above, at 2:10 P.m.

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

	Date of onset
Bronchio Pneumonia	
107a	

Other contributory causes of importance:

Prostatic Hypertrophy

Name of operation Prostatectomy Date of 7-25-37

What test confirmed diagnosis? Anapathic 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) [signature], M. D.

(Address) 505 Professional Bldg

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.