DEC 27 1937

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

Do not use this space.
42112
313

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. , St. Ward)
Registration District No. 668
Primary Registration District No. 3032
File No. ~~314~~
Registered No. 628

2. FULL NAME Joseph James Franklin
(a) Residence, (Usual place of abode) No. 503 S. Marvin St., Ward.
(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

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1937
7. AGE YEARS MONTHS DAYS 5 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Joseph Hiram Franklin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

MOTHER
15. MAIDEN NAME Katherine Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

17. INFORMANT (ADDRESS) Joseph Hiram Franklin Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Nov 4 1937
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia
20. FILED Nov 4 1937 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1937, to Nov 3, 1937
I last saw him alive on Nov 3 1937 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:
Icterus Neonatorum
Date of onset

Other contributory causes of importance:
16/12

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

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?
If so, specify
(Signed) E. E. Snavely, M. D.
(Address) Sedalia Mo

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