

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

Do not use this space.

Duplicate
JAN 15 1936

1. PLACE OF DEATH

County Callaway
 Township Fulton
 City Fulton (No.)

Registration District No. 104
 Primary Registration District No. 3008

File No. 44908
 Registered No. 306
 St. Ward)

2. FULL NAME Stanton Franey

(a) Residence, No. Nellyville, Mo St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF OK.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DK - 23
 10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation. DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 13. NAME Shed Franey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

15. MAIDEN NAME Ann Cave

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT State Hospital Records (ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Dec 29, 1935

19. UNDERTAKER J. O. Roberts (ADDRESS) Columbia Mo

20. FILED Dec 29, 1935 R. N. Preece Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to Dec. 26, 1937
 I last saw him alive on Dec. 26, 1937. Death is said to have occurred on the date stated above, at 3:57 a.m.

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

Chronic myocarditis & myocardial degenerative DK

Other contributory causes of importance: ABC
Generalized arteriosclerosis - Sclerosis DK

Name of operation None 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? NO Date of injury 19.....
 Where did injury occur? NO (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) F. A. Barnett, M. D.
 (Address) Fulton, Mo.

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.

