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

Do not use this space.

3
1

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 2151
Township — Primary Registration District No. 1001 — Registered No. 188
City St. Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME Nettie Franklin
(a) Residence, No. Tindall Mo St., Ward. Tindall Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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 Wm. Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1859

7. AGE: Est — YEARS: 79 — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

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. none
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Wm J. Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martin Cemetery Ravenna County DATE 2-12-38, 19

19. UNDERTAKER (ADDRESS) Ravenna Va Davis 3424 Trenton Mo.

20. FILED 2/10, 1938 H. J. Nettebrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1937, to Feb. 10, 1938
I last saw her alive on Feb. 10, 1938. Death is said to have occurred on the date stated above, at 10:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Indep

Other contributory causes of importance: Senility

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

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) R. Kuhlman, M. D.
(Address) State Hosp. no 2.