

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.

REC'D APR 22 1938

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

Do not use this space.

11651

1. PLACE OF DEATH  
 75 County Oregon Registration District No. 1148 File No. 2  
 Township Moore Primary Registration District No. 5845 Registered No. \_\_\_\_\_  
 City Thomasville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Harding Franks 652  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Maemie Bell Beatz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 15 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.  
64 11 21

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo.

FATHER 13. NAME John M. Franks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judithtown Mo.

MOTHER 15. MAIDEN NAME Mary R. Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson Mo.

17. INFORMANT E. Franks (ADDRESS) W. G. Green Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thomasville Mo DATE 2/23 - 38

19. UNDERTAKER Leo Carr (ADDRESS) Thomasville Mo.

20. FILED Mar 30 1938 W. A. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-38

22. I HEREBY CERTIFY, That I attended deceased from November 26 1937 to Feb. 21 1938

I last saw him alive on Feb. 13 1938 Death is said to have occurred on the date stated above, at 2:00 a. m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: 93C

Name of operation None Date of \_\_\_\_\_  
 What test conducted? Examination 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) W. H. Quinn \_\_\_\_\_, M. D.  
 (Address) West Plains, Mo

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