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 JUL 19 1938

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

Do not use this space.

21523

1. PLACE OF DEATH
County Cape Gir
Township Cape Gir
City Cape Gir (No. ..... St. ..... Ward)
Registration District No. 121
Primary Registration District No. 5178
File No. .....
Registered No. 157

2. FULL NAME Mrs. Ardella Franks
(a) Residence, No. Highway 74 Cape Co St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Mr J H Franks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3-1877
7. AGE Years 60 Months 56 Days 29 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carylee Ky.

FATHER
13. NAME Thomas Sheppard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville Tenn.

MOTHER
15. MAIDEN NAME Aranita Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

17. INFORMANT (ADDRESS) J H Franks
18. BURIAL, CREMATION, OR REMOVAL
PLACE 6/3/38 Arlington Ky. 19
19. UNDERTAKER (ADDRESS) Board & Estes Cape Cape Gir Mo
20. FILED 6-2-38 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

I. E. R. Pricky, Coroner after hearing the evidence given in the case and consulting the Dr. find that the deceased Mrs Della Franks came to her Death of Heart Failure

Other contributory causes of importance:

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. R. Pricky Coroner, ~~M.D.~~
(Address) 4 S. Pacific Cape Gir Mo