

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

Do not use this space.

15570

1. PLACE OF DEATH

County Lettis
Township Flat Creek
City (No. 7) Sedalia St. 7 Ward

Registration District No. 668
Primary Registration District No. 5894

File No. 148
Registered No. 148

2. FULL NAME

(a) Residence No. Route #7 Sedalia St. 7 Ward

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Sept 21 - 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sedalia Mo
(STATE OR COUNTRY)

10. NAME OF FATHER P. J. Franklin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dresden Township
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edith Van Dyke (Address) Route #4, 19 1/2

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Flat Creek Township
(STATE OR COUNTRY) Mo

14. INFORMANT P. J. Franklin
(Address) Route #7 Sedalia

15. FILED 4-24-29 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1929

17. I HEREBY CERTIFY That I attended deceased from April 14, 1929, to April 23, 1929, that I last saw him alive on April 23, 1929, and that death occurred, on the date stated above, at 7:52 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

17 tetanus emphysema

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. do not know

DID AN OPERATION PRECEDE DEATH. DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Chemical diagnosis
(Signed) Chas. M. Love, M. D.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Pleasant Hill Cem

DATE OF BURIAL

4/25 1929

20. UNDERTAKER

M. Langhin Bros

ADDRESS

Sedalia

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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