

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

Do not use this space.

13916

1. PLACE OF DEATH

County **Henry**

Registration District No. **14**

Township **X**

Primary Registration District No. **4211**

City **Windsor** (No. _____)

St. _____ Ward _____

2. FULL NAME

Ida Mae Franklin

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.B. Franklin		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1885		
7. AGE	YEARS 45	MONTHS 11
	DAYS 30	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Mo		
FATHER	13. NAME Smith Bruce	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Bell Willis	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
17. INFORMANT C.B. Franklin (ADDRESS) Windsor Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE 4-30-31 19		
19. UNDERTAKER HUSTON'S FUNERAL CHAPEL (ADDRESS) Windsor Missouri		
20. F. _____ 19 _____ Registrar Wm. J. D. Jennings		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26-31 19**

22. I HEREBY CERTIFY, That I attended deceased from **April 26**, 19**31**, to **April 26**, 19**31**.
I last saw him alive on **April 26**, 19**31**. Death is said to have occurred on the date stated above, at **8:30 p.m.**
The principal cause of death and related causes of importance were as follows:

Apoplexy

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) **Will P. Bradley**, M. D.

(Address) **Windsor, Mo**

Date of onset

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.

MAY 23 1931

