

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

Do not use this space.

**1. PLACE OF DEATH**

17 County Carroll Registration District No. 138  
 6 Township \_\_\_\_\_ Primary Registration District No. 4078  
 City Norborne (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9092  
 Registered No. 9

**2. FULL NAME** Joseph Hubert Franken

(a) Residence No. South Pine Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 56 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 Male 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 Anna Franken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 0 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Clerk  
 10. Date deceased last worked at this occupation (month and year) March 7, 1931 11. Total time (years) spent in this occupation. 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norborne Mo. 1  
Carroll Co.

MOTHER FATHER 13. NAME Henry Hubert Franken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo. 10  
Germany, Prussia

15. MAIDEN NAME Sybillia A. Franken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Rock, Mo. 2  
Wisconsin

17. INFORMANT (ADDRESS) W. A. Franken  
Carrollton Mo

18. BURIAL CREMATION, OR REMOVAL PLACE Norborne, Mo. 3/26 1931

19. UNDERTAKER (ADDRESS) J. H. Blitch  
Norborne, Mo

20. FILED March 20, 1931 E. N. Musson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1930, to March 18, 1931.  
 I last saw him alive on March 18, 1931. Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Hodgkins Disease  
723  
172-B  
 Other contributory causes of importance: None

Date of onset March 1930

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Biopsy Where 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) E. N. Musson, M. D.  
 (Address) Norborne, Mo.

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.

APR 21 1931

