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

Do not use this space.

File No. 25048

Registered No.

1934-5-4

AUG 4 1934

1. PLACE OF DEATH

County: Jasper — Registration District No. 408

Township: — Primary Registration District No. 3020

City: Carthage (No. ..., ... St. ..... Ward)

2. FULL NAME Abigal M. Franks

(a) Residence, No. 1045 Clinton St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. D. Franks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): — 18.53

7. AGE: Years 81 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

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): Unknown, Mississippi

FATHER

13. NAME: — Yarbrough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Alabama

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Arthur Franks, 1045 Clinton - Carthage

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Oak Hill DATE: July 16, 1934

19. UNDERTAKER (ADDRESS): Knee & Mordony, Carthage, Missouri

20. FILED July 16, 1934 S. B. Clinton Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to July 15, 1934

I last saw her alive on July 15, 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chronic Nephritis	?
131	
138	
57 B	

Other contributory causes of importance:

paralysis Agitans	?

Name of operation: none Date of .....

What test confirmed diagnosis? physical 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) George H. Wood, M. D.

(Address) Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

100M-11-24-33