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.

4

SEP 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 416 — File No. 29788
Township Sarcoxie — Primary Registration District No. ~~4248~~ 5571 B — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Grace Emma Franklin
(a) Residence, No. Sarcoxie, Mo. Route 1 St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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 Robert Shelby Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 24, 1891

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 11 | 1 | X |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Independence Kansas

FATHER
13. NAME Delmore E. McCann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Ohio

MOTHER
15. MAIDEN NAME Ledora Denny
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT X R S Franklin
(ADDRESS) Sarcoxie Mo.

18. [redacted], OR REMOVAL Odd Fellow Cem.
PLACE Neosho Mo. DATE August 30, 1934

19. UNDERTAKER Odd Fellow Cem. Glen C. Cole
(ADDRESS) Sarcoxie Mo.

20. FILED Aug 27, 1934 Leroy Simmons
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934, to Aug 25, 1934
I last saw her alive on Aug 25, 1934. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | Aug 25 / 34 |
| 146 / 82 | |

Other contributory causes of importance: Obstetrical Delivery

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Leroy Simmons, M. D.
(Address) Sarcoxie, Mo.

#2 Jasper

**DEPARTMENT OF COMMERCE**

**BUREAU OF THE CENSUS**

**WASHINGTON**

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Grace Emma Franklin

Who died at _____ on Aug 25 - 1931

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W ~~Single~~, married, ~~widowed or divorced:~~ _____

Date of birth _____ Age: Years 42 Months 11 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cerebral Embolism after delivery

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

1928

Principal cause of death: _____

Other contributory causes of importance Obstetrical Delivery

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

X Signature of Registrar Sam Simmons Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Special Agent.

Reg. Dist. No. 416

Primary Reg. Dist. No. 5571 B.

S-29788