

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

Do not use this space.

NOV 18 1937

36708

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. Louis

Registration District No. 10021
Primary Registration District No. General Hosp. #2

File No. 10021
Registered No. 10021
St. St. Louis Ward

2. FULL NAME

(a) Residence, No. 2501 Highland Ward.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Don't know

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know about 1887

I last saw Deputy Coroner alive on 10-13-37, 1937. Death is said to have occurred on the date stated above, at 9:05 P. m.

7. AGE YEARS about 50 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know

Cerebral Hemorrhage
Cerebral Arteriosclerosis
82a

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

Name of operation Autopsy Date of 10-13-37
What test confirmed diagnosis? Autopsy 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 —, 1937

Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury —
Nature of injury —

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cemetery DATE Oct 15, 1937

19. UNDERTAKER Heat Appleton Jones (ADDRESS) 1905 W. Main St.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) Russell W. Jones, M. D.

20. FILED 10-15, 1937 M. M. Crowe asst Registrar.

(Address) —

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

36908
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township K.C. mo Primary Registration District No. 1002 Registered No. 4137
(c) City K.C. mo (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elisha Franklin

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.K.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 / 13 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Date of onset

9. Industry or business in which work was done, as 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)

Other contributory causes of importance:

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ken's Home Records K.C. 6th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/14 1937 M.M. Cronow Local Registrar.

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) Russell W. Kern, M. D.

(Address) K.C. mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-36708