DEC 29 1937

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

Do not use this space.

42687

1. PLACE OF DEATH
County Vernon — Registration District No. 870 61 [illegible] — File No.
Township Deerfield — Primary Registration District No. ~~5424~~ — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME La Nell Franks
(a) Residence, No. ..... 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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): infant.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1937
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 1250 P.M. hrs. or ..... min.

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.
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) Vernon Co. Mo.

FATHER
13. NAME Verner E. Franks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada R. #1 Mo

MOTHER
15. MAIDEN NAME Mildred McWhorter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo

17. INFORMANT (ADDRESS) Verner E. Franks
18. BURIAL, CREMATION, OR REMOVAL PLACE Welborn Cem DATE July 28, 1937
19. UNDERTAKER (ADDRESS) Eckling & Farmer's Place Nevada Mo
20. FILED Aug 20, 1937 Mrs. N. B. Primm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937 to July 28, 1937.
I last saw h..... alive on ....., 19..... 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
Stillborn	July 28 1937
Premature.	

Other contributory causes of importance:
Dont Know.

Name of operation none Date of ✓
What test confirmed diagnosis? Exam 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) W. B. Love, M. D.
(Address) Nevada 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.