

OCT 23 1940

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

Do not use this space.

31870

1. PLACE OF DEATH

County Dallas
Township Wilson
City Long Pine

Registration District No. 247
Primary Registration District No. 5343

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Harim Franklin

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)

(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

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED; WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28, 1901</u>		
7. AGE	YEARS	MONTHS
	<u>33</u>	<u>3</u>
		DAYS
		<u>4</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1934, to 2-2, 1935.
I last saw him alive on 1-20, 1935. Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary T.B. Date of onset _____

Other contributory causes of importance: 83

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Tom Franklin</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Martha Vest</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT <u>Martha Vest</u> (ADDRESS) <u>Long Pine</u>
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>Cedar Ridge</u> DATE <u>2-3</u> , 19 <u>35</u>
	19. UNDERTAKER <u>H.B. Jones</u> (ADDRESS) <u>Buffalo Mo</u>
	20. FILED <u>Oct 12</u> , 19 <u>40</u> <u>W. J. Talbot</u> 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) J. W. Sunday, M. D.
224 (Address) Carway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should si

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1502

Date Filed 10-17-40