

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.

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

Do not use this space.

OCT 15 1934

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33463

1. PLACE OF DEATH
 68 County Moniteau Registration District No. 214
 Township Burriss Fork Primary Registration District No. 577413
 City..... (No.....) St..... Ward.....

2. FULL NAME Franklin W. Procter
 (a) Residence, No. Enon, Mo. 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd. 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	11	12	

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

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)..... Clean (STATE OR COUNTRY) Missouri

FATHER 13. NAME Willis L. Procter

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

MOTHER 15. MAIDEN NAME Mary E. Walter

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) High Point Missouri

17. INFORMANT Ezra Procter (ADDRESS) Clean Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Chapel DATE Sept. 15th. 1934

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Sept 13 1934 Mrs. A. Stouffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14th, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to....., 19.....
 I last saw h..... alive on News, 19..... Death is said to have occurred on the date stated above, at 2-45 P.M.
 The principal cause of death and related causes of importance were as follows:
Spoplexy
 Date of onset

Other contributory causes of importance:
none

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 H.R. Popewy (Coroner)
 (Signed) California (Address)

