

Place of Death

BUREAU OF VITAL STATISTICS

County of Franklin 13

Militia District of Middle R Registration District No. _____ Registered No. _____

City of _____ (No. _____ St.)

2 FULL NAME Franklin E. Giffordson

Residence No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS	
SEX <u>Female</u>	1 COLOR OR RACE <u>White</u>	2 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	3 DATE OF DEATH <u>1/16</u> <u>1920</u>
4 If married, widowed, or divorced		I HEREBY CERTIFY, That I attended deceased from	
HUSBAND of _____		to _____	
(or) WIFE of <u>W. E. Giffordson</u>		that I last saw him alive on <u>1/16</u> <u>1920</u>	
DATE OF BIRTH (Mo. da. yr.) _____		and that death occurred on the date stated above, at _____	
AGE <u>40</u> yrs. <u>3</u> mos. <u>1</u> day		The CAUSE OF DEATH was as follows: <u>Unnatural (Bright) She was</u>	
If less than 2 years state if breast fed		<u>living when I arrived - but</u>	
Yes _____ No _____		<u>had children for years prior to the</u>	
OCCUPATION <u>Domestic</u>		CONTRIBUTORY (Secondary) _____	
Trade, profession or occupation of deceased		(duration) _____	
General nature of industry, business or establishment in which employed (for employer)		18 Where was disease contracted? _____	
BIRTHPLACE (State or country) <u>Franklin Co</u>		Did an operation precede death? _____ Date of _____	
NAME OF FATHER <u>James Bray</u>		Was there an autopsy? _____ What test confirmed diagnosis? _____	
BIRTHPLACE OF FATHER <u>Franklin Co</u>		(Signed) <u>H. E. McCreary</u> M. D.	
MOTHER'S NAME <u>Milie Bray</u>		(Address) <u>Raytown Mo</u>	
BIRTHPLACE OF MOTHER <u>Franklin Co</u>		19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Penile Church</u> <u>1/18</u>	
IF ABOVE IS TRUE		20 UNDERTAKER <u>W. E. Giffordson</u> <u>Raytown Mo</u>	
(Address) <u>Raytown Mo</u>		21 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Penile Church</u> <u>1/18</u>	
22 UNDERTAKER <u>W. E. Giffordson</u> <u>Raytown Mo</u>		23 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Penile Church</u> <u>1/18</u>	
24 UNDERTAKER <u>W. E. Giffordson</u> <u>Raytown Mo</u>		25 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Penile Church</u> <u>1/18</u>	

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