

Miscellaneous Record, No. 22, Madison County, Iowa

G.E. McDonald, M.D., Registrar
of Vital Statistics

#1257

Fee \$ 1.00 ✓

Filed for record the 23 day of
March A.D. 1937 at 2:03 o'clock
P.M.

To

Franklin Lashley Menefee

Valda C. Bishop, Recorder
Pearl E. Shetterly, Deputy

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS STANDARD CERTIFICATE OF DEATH.

1. Place of Death; Dist.No. 1903
County of Los Angeles
City, Town or Rural District of Long Beach
Local Registered No. 217
2. FULL NAME Franklin Lashley Menefee
RESIDENCE: NO. 1503 East 7th St., St.
USUAL PLACE OF ABODE
Street and No. 1503 East 7th St.,
If death occurred in a Hospital or institution, give its name instead of street and No.
If non-resident, give City, or Town, and State
3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (Write the word) Married
- 5a. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE Celinda B. Menefee
6. DATE OF BIRTH March 31 1865
month day year
7. AGE 70 YR. 10 MO. 9 DAYS. IF LESS THAN ONE DAY... HRS..... MIN
8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Watchmaker
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE AS SILK MILL, SAWMILL, BANK, ETC. Jewelry Business
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (Mo and Yr.) 1926
11. TOTAL YEARS SPENT IN THIS OCCUPATION 30 Yrs.
12. BIRTH PLACE (CITY OR TOWN) Marietta STATE OR COUNTRY Ohio
13. NAME Robert Menefee
- FATHER. 14. BIRTHPLACE (CITY OR TOWN) Unknown STATE OR COUNTRY Virginia
15. MAIDEN NAME Elizabeth Paplson
- MOTHER. 16. BIRTHPLACE (CITY OR TOWN) Unknown STATE OR COUNTRY West Virginia
17. LENGTH B. IN CALIFORNIA 8 YRS..... MOS..... DAYS
- OF RESIDENCE C. IN U.S. IF OF FOREIGN BIRTH..... YRS..... MOS..... DAYS
18. INFORMANT (SIGNATURE) celinda B. Menefee ADDRESS. 1503 East 7th St., Long Beach, Calif.
19. BURIAL, CREMATION OR REMOVAL? Entombment
PLACE Angeles Abbey Maus. (Write the word) DATE 2 - 12 - 36
Compton Calif.
20. TRAINER (LICENSE NO 2072 SIGNATURE Dan B. Mottell
FUNERAL DIRECTOR J.J. Mottell, Inc. ADDRESS Long Beach, Calif.
21. FILED Feb. 13 36 DATE G.E. McDonald, M.D. LOCAL REGISTRAR
22. DATE OF DEATH February 10 1936
MONTH DAY YEAR
23. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug. 20 1935 To Feb. 10, 1936 THAT I LAST SAW HIM ALIVE ON Feb. 10 1936 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 4:30 P.M. The principal cause of death and related causes of importance, in order of onset, were as follows: Carcinoma of throat (Date of onset) Do not know
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Fibrocystic tumor, right kidney
IF OPERATION, DATE OF WAS THERE AN AUTOPSY?
CONDITION FOR WHICH PERFORMED..... NAME LABORATORY TEST CONFIRMING DIAGNOSIS Xray.
24. CORONER'S CERTIFICATE OF DEATH
I HEREBY CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN.....
INQUEST, AUTOPSY OR INQUIRY
THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO H.... DEATH ON THE DATE STATED ABOVE.
25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY
INJURED AT CITY OR TOWN OF COUNTY AND STATE OF INDUSTRY OR PUBLIC PLACE?
MANNER OF INJURY NATURE OF INJURY
26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY No.
27. SIGNATURE G. A. STALEY, M.D. ADDRESS 302 W. 9th Street
PHYSICIAN, AUTOPSY SURGEON

Miscellaneous Record, No. 22, Madison County, Iowa

28. WHEN REQUIRED BY LAW.
COUNTY OF

Long Beach, Calif.

CORONER.

LONG BEACH HEALTH DEPARTMENT
BUREAU OF VITAL STATISTICS
CERTIFIED COPY

THIS IS TO CERTIFY, That the attached is a full true and correct copy of the original certificate of Death of Franklin Leahley Menefee which is on file in this office and of which I am legal custodian.

IN TESTIMONY WHEREOF, Witness my hand and seal of office, at Long Beach, California, A.D.
8 - 3 1936.

IMPROVED

G.E. McDonald M.D.
Registrar of Vital Statistics for Long Beach
By
Deputy Statistician or Assistant

(HEALTH DEPARTMENT SEAL)