

PLACE OF DEATH

County Perry
 Township Union
 or
 Village Uniontown
 or
 City _____ (NO. _____ St.; _____ Ward)

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

Registration District No. 659 File No. 6489
 Primary Registration District No. 5877 Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Died unnamed (Stillbirth)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

DATE OF BIRTH March 9, 1910
 (Month) (Day) (Year)

AGE Stillborn If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE

(City or town, State or foreign country) Uniontown Mo

PARENTS

NAME OF FATHER

Edward Franke

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Uniontown, Mo.

MAIDEN NAME OF MOTHER

Anna Dorothy Eggers

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Uniontown, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Franke
 (ADDRESS) Uniontown, Mo.

Filed Mar 10, 1910 L. B. Bowman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
 that I last saw h_____ alive on _____, 191____,
 and that death occurred, on the date stated above, at _____ m.
 The CAUSE OF DEATH* was as follows:

Stillborn

No other

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. A. Scherer M. D.

3-9 1910 (Address) Appleton, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

Uniontown Mo

DATE OF BURIAL

Mar 11, 1910

UNDERTAKER

Geo Krauss

ADDRESS

Uniontown 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.

