JUL 27 1927

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

Do not use this space.

18750

1. PLACE OF DEATH
County: Lawrence
Township: Aurora
City: Aurora (No. ..... St. ..... Ward)
Registration District No. 467
Primary Registration District No. 4280
File No. .....
Registered No. 8

2. FULL NAME: Herman H. Frenchazen
(a) Residence. No. 19 20 High St., 3 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: Wh
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): Jan 29 1898
7. AGE: Years 29, Months 4, Days 6; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railway 23P 26
(b) General nature of industry, business, or establishment in which employed (or employer): 25
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Aurora
(STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Richard Frenchazen
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Minnie Gorth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
14. INFORMANT: Johnie Frenchazen
(Address) Aurora Mo
15. FILED 6/6, 1927 R W Smart REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 5 1927
17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, 19..., to June 5, 1927, 19..., that I last saw him alive on June 5, 1927, 19..., and that death occurred, on the date stated above, at 1:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
tuburculosis of the spine, lungs and bowels.
(duration) about 2 yrs. ds.
CONTRIBUTORY (SECONDARY) ----------
(duration) ..... yrs. ..... mos. ..... ds.
31
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Thomas D. Miller, M.D.
, 19 (Address) Aurora, Missouri

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Park Cem
DATE OF BURIAL: 6/7 1927
20. UNDERTAKER: King Mud Co
ADDRESS: Aurora 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD