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.

36898

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. 399 — File No. [illegible]
Township Raw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City, Mo. (No. ..... St. ..... Ward)

2. FULL NAME FRANK, Walter Ray — C-1 207 281
(a) Residence. No. Grant, Nebraska. St., ... Ward. Pvt. Co A 101 Inf.
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	3	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Business
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Nebraska

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records.
(Address) K. C. Vet. Hospital

15. FILED 12/14 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 13 1927

17. I HEREBY CERTIFY, That I attended deceased from December 2, 1927, to December 13, 1927 that I last saw him alive on December 13, 1927, and that death occurred, on the date stated above, at 8:55 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis
117B
117B
111B 2
Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Duodenal Ulcer
Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-5-27 12-8-27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) [signature], M. D
12/14/27 19 (Address) W. E. CHAMBERS, Medical Officer in Charge
U.S.V.H. #67 Kansas City, Mo.

*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: Grant Nebr — DATE OF BURIAL: 12/14 1927

20. UNDERTAKER: A J Dehner Mortuary — ADDRESS: KC Mo