MAY 29 1928

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

Do not use this space.

12370

File No. 484

Registered No.

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph (No. Noyes Hospital St. Ward)

2. FULL NAME: Benjamin R Frank

(a) Residence. No. 3116 Faraon St., 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marie Etta

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 31 1858

7. AGE: Years 69 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Birtee Co
(STATE OR COUNTRY): Pa

PARENTS

10. NAME OF FATHER: Franklin Frank
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Pa
12. MAIDEN NAME OF MOTHER: Elizabeth Geidel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Pa

14. INFORMANT: Mrs Marie Etta Frank
(Address): 3116 Faraon

15. FILED: APR 17 1928, 19 John G. Ma
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1928, to Apr. 15, 1928, that I last saw him alive on Apr. 15, 1928, and that death occurred, on the date stated above, at 2.22 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy 131
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Nephritis, Chronic
(duration) yrs. mos. ds. unknown

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. Lab.

(Signed) E. M. Flores, M. D.
4/16, 1928 (Address) 317 Kirkpatrick Bldg.

*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: Ashland Cem
DATE OF BURIAL: 4/17 1928

20. UNDERTAKER: Sleeman Funeral Home
ADDRESS: 1208 Francis