

JUL 24 1920

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20016

1. PLACE OF DEATH

County Wichita Registration District No. 82
 Township Wichita Primary Registration District No. 5
 City Wichita (In Dr. Byrd's Sanitarium Ward)

2. FULL NAME

(a) Residence. No. Frank G. Cherle St. Ward
 (Usual place of abode)

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

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

Nov 13 1862

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
55	6	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Lumberman

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

15. FILED

June 6 28 88

Frank G. Cherle
 Drury, Kansas

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 4 1918

17.

I HEREBY CERTIFY That I attended deceased from May 10 1918, to June 4 1918.

that I last saw him alive on June 4 1918, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Nephritis (interstitial)
 124B
 130 12 2 131

CONTRIBUTORY (SECONDARY)

Sclerotic Liver
 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

Labor Iowa

DID AN OPERATION PRECEDE DEATH?

no

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. D. Byrd
 4/4, 1918 (Address) Kansas Road

*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

DATE OF BURIAL

Drury, Kansas Cemetery June 7 1918

20. UNDERTAKER

ADDRESS

E. K. Biedenbader 602 So 10th

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.

