

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

Do not use this space.

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.

27 1928

36638

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 7001
 City Springfield (No. Woodruff Bldg) St. _____ Ward _____

2. FULL NAME Frankie Marx
 (a) Residence No. Englewood Apts 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Frankie Marx

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
78 | 0 | 8

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

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

10. NAME OF FATHER Emmanuel Marx

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Thanna Solan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Frankie Marx
Springfield Mo

15. FILED 11-23-28 1928 O. J. Forst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-21-1928

17. I HEREBY CERTIFY, That I attended deceased from 11/19, 1928, to 11/21, 1928, that I last saw him alive on 11/21, 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris
hypertension
162 (duration) _____ yrs. _____ mos. 2 ds.
 CONTRIBUTORY (SECONDARY) Senility (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) S. B. Lemmon, M. D.
11/23, 1928 (Address)

*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 Jewish Cemetery DATE OF BURIAL 11-23-1928

20. UNDERTAKER Alma Schmeyer ADDRESS Springfield

