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.

6530

1. PLACE OF DEATH U.S.V.Hosp. #67 399

County Jackson — Registration District No. 1002 — File No. 692

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City, Mo. (No. U S Veterans Hospital St. Ward)

2. FULL NAME FREDERICKS, Frank Edward C-1 349 847 USVB

(a) Residence. No. 428 Franklin Ave., St., Ward. Pvt 163 D B Cas Det.

(Usual place of abode) Sioux Falls, S Dakota. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Velva Fredericks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	35	1	2	

8. OCCUPATION OF DECEASED None

(a) Trade, profession, or particular kind of work Previous Occupation Shipping Clerk.

(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) U. S. V. Hospital

15. FILED 2-11, 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 9 1929

17. I HEREBY CERTIFY, That I attended deceased from February 2, 1929, to February 9, 1929 that I last saw him alive on February 9, 1929, and that death occurred, on the date stated above, at 10:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage Intestinal Transverse Colon, severe.

12 B

12 B (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Colitis, chr. severe

(duration) 1 yrs. 6 or more ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam & Autopsy.

(Signed) [signature] M.D

(Address) W.E. CHAMBERS, Medical Officer in Charge U.S.V. Hospital, 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 Sioux Falls So Dak — DATE OF BURIAL 2/11 1929

20. UNDERTAKER The Taylor Funeral Home Inc — ADDRESS