

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

Do not use this space.

9863

**PLACE OF DEATH**

County Carroll  
Township Miami  
City                      (No.                     )

Registration District No. 136  
Primary Registration District No. 5204

File No.                       
Registered No. 51  
St.                      Ward                     

**2. FULL NAME** Chas. Thos. Frakes

(a) Residence No.                      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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 6-25-1928

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
8 | 27 |                      |                     

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

At Home  
80

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Carroll Co. Mo

**10. NAME OF FATHER** Lincoln Frakes

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Missouri Co. Mo

**12. MAIDEN NAME OF MOTHER** Goldie Lybarger

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Carroll Co. Mo

**14. INFORMANT (Address)** Mrs. Goldie Frakes  
Missouri Station, Mo

**15. FILED** 3/23 29 Calvin H. Hester REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3-22 1929

**17. I HEREBY CERTIFY, That I attended deceased from**                     , 1929, to                     , 1929.  
that I last saw h.                      alive on                     , 1929, and that death occurred, on the date stated above, at                      m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

I saw child just a few minutes before death. Apparently the child was dying from some toxic condition. Had been sick for several days with fever. Suddenly developed convulsions and

**18. WHERE WAS DISEASE CONTRACTED**                      (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH:                      (duration) yrs. mos. ds.

**8 DID AN OPERATION PRECEDE DEATH.**                      (duration) yrs. mos. ds.

**8 WAS THERE AN AUTOPSY.**                      (duration) yrs. mos. ds.

**WHAT TEST CONFIRMED DIAGNOSIS.**                     

(Signed) Harry J. Tatum, M. D.

\*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** Pleasant Park Cem. **DATE OF BURIAL** 3-23 1929

**20. UNDERTAKER** Standley Funeral Home **ADDRESS** Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. N. B.—Every item of information should be carefully supplied.

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