

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

Do not use this space.

11617

1. PLACE OF DEATH

County Montgomery
Township Danville
City Near Mineola Mo (No.)

Registration District No. 938
Primary Registration District No. 5786

File No.
Registered No.
St. Ward)

2. FULL NAME Fred Frank

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos.
How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11/29 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie L. Frank

17. I HEREBY CERTIFY, That I attended deceased from 2:15 Thurs, 1929, to 10:11 Mon, 1929, and that death occurred, on the date stated above, at 5:00 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16th 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE
YEARS MONTHS DAYS
68 6 25
If LESS than 1 day, hrs. min.

Organic heart disease

8. OCCUPATION OF DECEASED

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

Rheumatic Stenosis (duration) 2 yrs. 8 mos.
CONTRIBUTORY (SECONDARY) many (duration) yrs. mos.

9. BIRTHPLACE (CITY OR TOWN) Hermann Missouri
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED At home on farm
IF NOT AT PLACE OF DEATH:

10. NAME OF FATHER Fritz Frank

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

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

20. WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) H. G. E. Murd, M. D.
3-14-1929 (Address)

12. MAIDEN NAME OF MOTHER Mary Kuntz

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

14. INFORMANT Mrs Thomas Downs
(Address) Lineola Missouri.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tate Cemetery Near Lineola
DATE OF BURIAL 3/13/29

15. FILED 3/12/29 1929 J. E. Gilem REGISTRAR

20. UNDERTAKER C. T. Hopkins Montgomery
ADDRESS City Mo

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.

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29
1929

PARENTS
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