

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

Do not use this space.

12968

1. PLACE OF DEATH

County Jackson
Township Prairie
City _____ (No. _____)

Registration District No. H00
Primary Registration District No. 5582D

File No. _____
Registered No. 57
St. _____ Ward)

2. FULL NAME

Frank Dollarkhide

(a) Residence. No. Jackson Community Home Ward. _____
(Usual place of abode)

Length of residence if 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Mollie Dollarkhide

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 1 - 1865

7. AGE YEARS 65 MONTHS X DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rail Road Switchman
(b) General nature of industry, business, or establishment in which employed (or employer) man
(c) Name of employer _____

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

10. NAME OF FATHER Jesse Dollarkhide
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Petrea Jasper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT J. W. Hastetter
(Address) Independence Mo.
April 5 1930
James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 3 - 1930

I HEREBY CERTIFY, That I attended deceased from 3-31, 1930, to 4-3, 1930, that I last saw him alive on 4-3, 1930, and that death occurred, on the date stated above, at 2:30 o'clock P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
930

CONTRIBUTORY (SECONDARY)

9013

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? clinical
(Signed) J. M. Greene, M. D.

414, 1930 (Address) Independence 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 DATE OF BURIAL

Mt. Washington Cem 4/5 1930

20. UNDERTAKER Z. Webb Oak Grove Mo. ADDRESS

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.

WRITE PLAINLY, WITH UNDOUBTING INK—THIS IS A PERMANENT RECORD

MAY 26 1930

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2

