JUN 26 1930

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

Do not use this space.

16691

1. PLACE OF DEATH
County Livingston
Township Grand River
City ..... (No. ..... St. ..... Ward)

Registration District No. 1176
Primary Registration District No. 5681

File No. .....
Registered No. 11

2. FULL NAME Andrew O.R. Frame

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE of~~ Ethel L. Frame

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer U.S. Govmt

9. BIRTHPLACE (CITY OR TOWN) Grundy Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Milton Frame
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Martha ~~Frame~~ WALLACE
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs Ethel Frame
(Address) Bedford Mo

15. FILED May 10 1930 Mrs. Geo. Cox
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1930

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1930, to May 9, 1930 that I last saw him alive on May 9, 1930, and that death occurred, on the date stated above, at 6-40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular Abscess of Left Lung

(duration) over yrs. 20 mos. ds.

CONTRIBUTORY (SECONDARY) Chro Interstitial Nephritis

(duration) Ido Not Know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tests
(Signed) W A Snope, M. D
May 9, 1930 (Address) Wheeling 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 Avalon Mo
DATE OF BURIAL May 11 1930

20. UNDERTAKER Frank L. Smiley
ADDRESS Wheeling 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.