

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

Do not use this space.

26984

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kearney Primary Registration District No. 1002
 City K.C. Mo. (No. 1708 - East 43rd St.) St. _____ Ward _____

File No. _____
 Registered No. 3605

2. FULL NAME

Dorothy S. Frank
 (a) Residence. No. 1708 E of 43rd St. 15 Ward _____
 (Usual place of abode) (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 Fe 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 Geo. Henry Frank
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept - 18 - 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 6 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (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) Indiana

PARENTS

10. NAME OF FATHER Henry Felley

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

12. MAIDEN NAME OF MOTHER Caroline Sailer

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

14. INFORMANT Mrs. Elva Johnson

(Address) 4239 Woodland

15. FILED 9/23 30 M. M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 31 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 19 1930 to Aug 31 1930 that I last saw he alive on Aug 31 1930, and that death occurred, on the date stated above, 5:40 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardiac Insufficiency

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Over weight (SECONDARY) (duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Geo. A. Doll M. D.

9/1, 1930 (Address) 888 Lattrop Bldg.

*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

Memorial Park Sept. 3, 1930

20. UNDERTAKER ADDRESS

Mrs. C. K. Forster K.C. Mo.

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.

Lathrop Bldg Vi-3105
6th Floor 3002
3525 Cleveland - LI-0016