NOV 21 1930

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

Do not use this space.

32203

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86 — File No.:

Township: Washington — Primary Registration District No.: 5127 — Registered No.: 83

City: (No. 3 Mi. East of St. Joseph, Mo. St. Ward)

2. FULL NAME Lois Nadine Frogge

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 27, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	24	2	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home.

(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): Buchanan Co, Mo.

PARENTS

10. NAME OF FATHER: Edward E. Frogge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

12. MAIDEN NAME OF MOTHER: Myrtle Boyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

14. INFORMANT: Edw. E. Frogge
(Address): R.F.D. #1. St. Jos, Mo.

15. FILED Oct 18, 1930 J. J. Bansbach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 16, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1926, to Oct 16, 1930 that I last saw her alive on Oct 15, 1930, and that death occurred, on the date stated above, at 11.55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis chronic

Endocarditis chronic

(duration) 19 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism

(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Same

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hist. Lab. & Phys. Exam

(Signed) E. M. Shores, M. D.

Oct 18, 1930 (Address) St. Joseph 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
Memorial Park Cemetery	Oct, 20, 1930

20. UNDERTAKER	ADDRESS
Walter Mainhoffer	1302 Faraon St.

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.