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

Do not use this space.

2421

PLACE OF DEATH

County Phelps — Registration District No. 6707 — File No.

Township Rolla — Primary Registration District No. 4403 — Registered No. 8

City Rolla, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Loren David Frampton

(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)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	14	5	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER A. R. Frampton

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

12. MAIDEN NAME OF MOTHER Rosa Wilcox

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

14. INFORMANT A. R. Frampton
(Address) Eunice, Mo.

15. FILED Jan 23, 1931 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1931, to Jan. 22nd, 1931 that I last saw him alive on Jan 22nd, 1931, and that death occurred, on the date stated above, at 8:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Internal injury from rolling pine log, log rolled over the abdomen

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1946

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Sidney McFarland, M. D.

, 19 (Address) Rolla 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
Big Creek Cemetery	Jan. 23 1931
20. UNDERTAKER	ADDRESS
Null & Lisklider	Rolla, 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.

AB 30 1931