

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

Do not use this space.

5879

**1. PLACE OF DEATH**

County Jackson  
Township How  
City W. C. Mo

Registration District No. 977  
Primary Registration District No. 1007  
(No. 4030-E-55)

File No. ....  
Registered No. 973  
St. .... Ward)

**2. FULL NAME**

Frank Werner

(a) Residence. No. 4030-E-55 St. 16 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 Male 4. COLOR OR RACE W.H. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 4 27 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Wachman 182  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 31  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Werner Jr  
(Address) 4030-E-55

15. FILED 2/27 1931 M. M. Crowe  
REGISTRAR Asor

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 27 1931

17. I HEREBY CERTIFY, That I attended deceased from 165 1931 to 165 1931  
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Suicide, hanging self with rope  
165 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 165 (duration) yrs. mos. ds.

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? Autopsy, dissection  
(Signed) Stanley M. Hice M. D.

2/27 1931 (Address Deputy Coroner)  
\*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 Forest Hill Cem DATE OF BURIAL Mar 2 1931

20. UNDERTAKER Rose + Henderson ADDRESS 15 Jackson

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.

