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.

MAR 25 1931

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

Do not use this space.

File No. 6382

Registered No.

1. PLACE OF DEATH
County Moniteau
Township Willowfork
City Tipton (No. ..... St. ..... Ward)

Registration District No. 575
Primary Registration District No. 4339

2. FULL NAME Peter J. Franken

(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 46 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: Anna Franken

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 14 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	9	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Blacksmithing
(b) General nature of industry, business, or establishment in which employed (or employer): 24
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Mo. 1

PARENTS

10. NAME OF FATHER: John M. Franken
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany 13
12. MAIDEN NAME OF MOTHER: Margaret Mearer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): Jacob Hainen Jr Tipton Mo.

15. FILED Feb 25, 1931. Mrs Sarah Fox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feby 10, 1930, to Feby 23, 1931 that I last saw him alive on Feby 22, 1931 and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Possible Cancer of Stomach

466 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Operation for Prostate Gland (duration) 2 yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED 137 466
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 1 of 30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) S H Redmon, M. D.
, 19 (Address) Tipton 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: Catholic Cemetery
DATE OF BURIAL: 2/25 1931

20. UNDERTAKER: L. G. Imhoff
ADDRESS: Tipton Mo.