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

Do not use this space.

8939

File No.
Registered No. 30

1. PLACE OF DEATH

County Buchanan. Registration District No. 86
Township Washington Primary Registration District No. 5127
City St. Joseph (No. Byrds Sanitarium St. Ward)

2. FULL NAME Frank S Maier

(a) Residence. No. 1205 south 30 street St., 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.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 12, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Monument Co. 210
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Sebastian Maier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Emma Sidenfaden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Issabelle Maier
(Address) 1205 So. 30 St. St. Joseph Mo.

15. FILED Mch 24 31, 19 J. J. Bunchek REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 19 31

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 19 31, to Mar. 20, 19 31 that I last saw him alive on Mar 20, 19 31, and that death occurred, on the date stated above, at 11 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia
11 A
108 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Influenza
(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?
(Signed) C. T. Byrd, M. D.
Mar. 21 19 31 (Address)

*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 Mt. Olivet Cemetery
DATE OF BURIAL Mar. 22 19 31

20. UNDERTAKER H. C. Sidenfaden
ADDRESS 1802 Union 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.