WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 21 1931

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 244 — File No. 9416
Township Prairie — Primary Registration District No. V-418 — Registered No. 26
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Robert Frost
(a) Residence. No. Grubville Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 80 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 23 1848

7. AGE: YEARS 82 — MONTHS 2 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Postmaster 187
(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): Grubville Mo 1

PARENTS
10. NAME OF FATHER: James Franklin Frost
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dass-Know Kentucky 2
12. MAIDEN NAME OF MOTHER: Katherine Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dass-Know Missouri 1

14. INFORMANT (Address): C. G. Frost Grubville Mo

15. FILED 3/16 1931 W. E. Kitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March-N-31

17. I HEREBY CERTIFY, That I attended deceased from 3/9, 1931, to 3/11, 1931, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 3-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
171
93 C (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Nephritis Chronic
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible], M. D.
3/16, 1931 (Address) St Clair 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: Grubville Mo — DATE OF BURIAL: 3/17 1931

20. UNDERTAKER: J H Brummer — ADDRESS: Hotel Springs Mo

OCT 29 1957