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

Do not use this space.

13156

File No.

Registered No. 6

1. PLACE OF DEATH

County [illegible] Registration District No. 67

Township [illegible] Primary Registration District No. 5704

City (No. St. Ward)

2. FULL NAME Christ Frankfe

(a) Residence. No. [illegible] St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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)
M.	W.	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) [illegible]

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1879	2	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ripley Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Christ Frankfe

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

12. MAIDEN NAME OF MOTHER Mary Lankford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ripley Co
(STATE OR COUNTRY) Mo

14. INFORMANT Peter Frankfe
(Address) Sunfold

15. FILED May 4 1931 C A Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-7 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-6 1931, to 4-7 1931, that I last saw h[illegible] alive on 4-7 1931, and that death occurred, on the date stated above, at 2.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible]

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) [illegible]

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D

, 19 (Address) [illegible]

*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
Sunfold	4/9 1931
20. UNDERTAKER N Ranger	ADDRESS Sunfold

N. B.—Every item of information should be carefully supplied. Accuracy is essential. PHYSICIANS should state EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Statement of OCCUPATION is very important.

5-2-1-18

21 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
County Wellington — Registration District No. 67 — File No.
Township Pleasant Grove — Primary Registration District No. 3-104 — Registered No. 6
City ... (No. ..., ... St. ... Ward)

2. FULL NAME Christ Frankle Frankle

(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 ... 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)
M	White	M

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Hannah Frankle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	52	1	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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)

PARENTS

10. NAME OF FATHER Christ Frankle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Hannah ...
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo

14. INFORMANT John Frankle
(Address) Leopold Mo

15. FILED June 10 1931 C A Sander
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1931, to Apr 7, 1931, that I last saw h... alive on Apr 7, 1931, and that death occurred, on the date stated above, at 2-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) ...
... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) J J Chandler, M. D
, 19 (Address) Lutie ville 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
Leopold Mo	4-9 1931
20. UNDERTAKER	**ADDRESS**
L. Conger	Leopold Mo

SUPPLEMENTARY

S-13156