

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

Do not use this space.

27777

File No.
Registered No. 11
St. Ward

1. PLACE OF DEATH

County Clark Registration District No. 194
Township Washington Primary Registration District No. 0271
City Wyaconda (No.)

2. FULL NAME Frank Deatruck

(a) Residence. No. Wyaconda, 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary Deatruck (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 17

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) Baden Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Mrs Mary Deatruck
(Address) Wyaconda, Mo.

15. FILED 9-10-31 Bessie Plattner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1930, to Aug 25, 1931 that I last saw him alive on Aug 25, 1931, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Branchial Asthama

CONTRIBUTORY (SECONDARY) 11/2 (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? NO

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF NO

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. M. Johnson, M. D.

8-26-31 (Address) Garin 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 Bear Creek Cemetery DATE OF BURIAL Aug 27 1931

20. UNDERTAKER Geoth Brothers ADDRESS Wyaconda, Mo

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

OCT 22 1931

