

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

Do not use this space.

36831

1. PLACE OF DEATH

County Bates
Township Howard
City (No.)

Registration District No. 53
Primary Registration District No. 5079B

File No.
Registered No. 57 Ward

2. FULL NAME

Julia D. Frank

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Frank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-14-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Levina McCormack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Charley Frank Rich Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE Nov-28 1931

19. UNDERTAKER (ADDRESS) Pond & Beavley Rich Hill Mo

20. FILED Nov 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 29 to Nov 25 1931
I have seen h. w. alive on Nov 24 1931 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
General Paralysis
Date of onset

Other contributory causes of importance:

General Paralysis
92A

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James J. Allen M. D.
(Address)

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.

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

