

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

Do not use this space.

40825

1. PLACE OF DEATH

County Jackson
Township Moore
City Kansas City

Registration District No. 3223

Primary Registration District No. Warwick Blvd

File No. 4796

Registered No. 4796

2. FULL NAME

(a) Residence, No. 3723 Warwick St., 5 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 <u>MA</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Frogley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 - 1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.R. Superintendent</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R. P.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>82 1/2</u>

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1931

22. I HEREBY CERTIFY That I attended deceased from May 15, 1930 to Dec 2, 1931

I last saw him alive on Nov 31, 1931 Death is said to have occurred on the date stated above, at 1032A.

The principal cause of death and related causes of importance were as follows:
Central Railway
Hamplign
Artemis

Date of onset

Other contributory causes of importance:
Artemis

Name of operation none Date of no

What test confirmed diagnosis? Paul Was there an autopsy? no

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) K P Jones, M. D.
(Address) 427 E 115A

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Joseph Frogley</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>no record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	17. INFORMANT <u>Ethel Frogley</u> (ADDRESS) <u>3723 Warwick Ave.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>over Mt. Zion</u> DATE <u>12-2</u> , 19 <u>31</u>
	19. UNDERTAKER <u>Mrs. C. E. Foster</u> (ADDRESS) <u>74 E. 21st</u>
	20. FILED <u>17</u> , 19 <u>31</u> <u>M. M. Crowe</u> Registrar.

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.

