

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

Do not use this space.

8453
1032

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 4706, Terrace St. _____ Ward)

2. FULL NAME

Willis B. Frakes
(a) Residence, No. 4706 Terrace St. 7 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>Male</u>	4. COLOR OR RACE <u>White</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>Mrs. Emma Lou Frakes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 1-1884</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>0</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	11. Total time (years) spent in this occupation <u>25 3/4</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Loose-Wiles</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record Missouri</u> <u>1</u>	
	13. NAME <u>Wilson Frakes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record Illinois</u> <u>2</u>	
MOTHER	15. MAIDEN NAME <u>Julia Barnett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Emma Lou Frakes, 4706 Terrace, K.C. MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>Mar. 12-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Gates Funeral Home, Kansas City - Kansas.</u>		
20. FILED <u>3/12 1932 M. M. Crowe Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10-1932

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 10, 1932
I last saw him alive on March 10, 1932 Death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:
Cortic Arteriosclerosis 34
Syphilis 96
34
Other contributory causes of importance:
Syphilis (1)

Name of operation none Date of _____
What test confirmed diagnosis? Clinical, laboratory 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? no
If so, specify Victor Henry Bergmann, M. D.
(Signed) 818 Professional Bldg.
(Address)

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.

