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

Do not use this space.

22457

File No. ____
Registered No. 56

1. PLACE OF DEATH

County: Franklin — Registration District No. 297
Township: Washington — Primary Registration District No. 3016
City: Washington, Mo. (No. ____, Main Locust St. ____ Ward)

36 8 7

2. FULL NAME Frank C Danz

(a) Residence. No. Main and Locust St., ____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or WIFE OF)~~ Lona Danz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October, 24th. 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	48	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Oil Business
(b) General nature of industry, business, or establishment in which employed (or employer): 176
(c) Name of employer: Own Business

9. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Louis Danz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Beaufort
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mollie Walde
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Beaufort
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Frank Danz
(Address) Washington, Missouri.

15. July 5, 1932 — O. L. Moore — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2, 1932. 19

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1932 to July 1, 1932 that I last saw him alive on July 1, 1932, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute diarrhoea and dysentery.

130

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute congestion of kidneys - uremia

(duration) ____ yrs. ____ mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Union, Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) H. A. May, M. D.
July 2, 1932 (Address) Washington, 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
Presbyterian Cemetery	July, 5th 1932
20. UNDERTAKER	**ADDRESS**
Nieburg & Vittu Inc.,	Washington, Mo.

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