

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

Do not use this space.

23634

1. PLACE OF DEATH .

78 County Missouri Registration District No. 1099
 Township Little River Primary Registration District No. 5868
 City Warrensburg (No. _____) St. _____ Ward _____

File No. 4
 Registered No. 1099

2. FULL NAME

Henry W. Frothman
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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>Maggie Ezell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 20-1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>25</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>Farmer</u>	11. Total time (years) spent in this occupation <u>life</u>
	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)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metropolis, Ill</u>	
	13. NAME <u>Ben Frothman</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Native of 15 Germany</u>	
	15. MAIDEN NAME <u>Lida Frothman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>Joe Frothman</u> (ADDRESS) <u>Warrensburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Pariescem.</u> DATE <u>July 15 - 1932</u>		
19. UNDERTAKER <u>R. M. Payne</u> (ADDRESS) <u>Warrensburg, Mo.</u>		
20. FILED <u>7-10-32</u> 19 <u>32</u> <u>Opal Wells</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to July 13, 1932
 I last saw him alive on June 10, 1932. Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:

<u>Nephritis</u>	Date of onset <u>1928</u>
<u>Colitis</u>	<u>June 32</u>

Other contributory causes of importance:

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) R. M. Payne, M. D.
 (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.

AGE 25 1034

