

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.

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

Do not use this space.

38977

288

*Clark*  
26  
1933  
7  
1933

**1. PLACE OF DEATH**

County *Boone*  
Township *Jefferson*  
City *Jefferson* (No. \_\_\_\_\_)

Registration District No. *212*  
Primary Registration District No. *3014*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *1225 N. Main* St., Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *38* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb - 13 - 1904*

7. AGE YEARS *38* MONTHS *10* DAYS *3* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bus Agent*  
9. Industry or business in which work was done, as saw mill, bank, etc. *Writers Mutual*  
10. Date deceased last worked at this occupation (month and year) *Dec 17 1932*  
11. Total time (years) \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (hour) \_\_\_\_\_ (minute) \_\_\_\_\_ (second) in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson City, Mo.*

13. NAME *Raymond Franke*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *German*

15. MAIDEN NAME *Lena Rottler*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *German*

17. INFORMANT (ADDRESS) *Dr. Harry Reuther, Jefferson City*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St. Peter Dec 19 33*

19. UNDERTAKER (ADDRESS) *Harvey Thomas, Jefferson City*

20. FILED *12/21/33* *Dr. Buford* Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12 / 16* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 3*, 19*32*, to *Dec 16*, 19*32*

I last saw him alive on *Dec 16*, 19*32*. Death is said to have occurred on the date stated above, at *2 P. M.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia, Bronchial type.*  
*3A 47 6 1*  
*7A*  
Other contributory causes of importance:  
*Old. S. B. of 8 years.*  
*Causes in upper right lung. Hemoptysis & Cough*

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? *No*

If so, specify \_\_\_\_\_ (Signed) *W. A. Clark*, M. D.  
(Address) *Jefferson City, Mo.*

OCT 19 1951

1932-12-16  
1894 2 13  
8 10 3