

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St Joseph Mo (No. 514 Richardson)

Registration District No. 85
Primary Registration District No. 1001

File No. 4805
Registered No. 201
St. _____ Ward _____

2. FULL NAME

Frank Lee Ainos, Jr.
(a) Residence, No. 514 Richardson St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. 18 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 Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24-1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 1 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo. Buchanan Mo.

13. NAME Frank Ainos

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo. Buchanan Mo.

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Mo.

17. INFORMANT (ADDRESS) John H. Bender

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb 20, 1933

19. UNDERTAKER (ADDRESS) Boeman Funeral Home St Joseph Mo.

20. FILED FEB 20 1933 John H. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1933 to Feb. 18 1933
I last saw him alive on Feb. 18 1933 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:
Intestinal Influenza
Pericarditis
Other contributory causes of importance:
Pericarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
(Signed) J. L. Cox M. D.
(Address) 1928 1/2 St Joseph 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.

MAR 2

