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.

APR 22 1933

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No. 10037
Township Valle — Primary Registration District No. 5574 — Registered No. 22
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Frank G. Most
(a) Residence, No. RR No. 2 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Most

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13 - 1891

7. AGE: YEARS 41 — MONTHS 4 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Fireman
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) De Soto Mo

FATHER
13. NAME Guido Max Most
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Yann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Guido Most RR No. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE 3/10 1933

19. UNDERTAKER (ADDRESS) Richardson & Mothershead De Soto Mo

20. FILED 3/11 1933 D. L. Rauggly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to Mar 7, 1933
I last saw him alive on Mar 7, 1933. Death is said to have occurred on the date stated above, at 3:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	
130	
85 130	
Other contributory causes of importance:	
Epilepsy	1930

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? no 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) David Ford, M. D.
(Address) De Soto Mo.