

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

Do not use this space.

15586

1. PLACE OF DEATH

County Adair
Township Benton
City Barksdale (No. _____)

Registration District No. 4
Primary Registration District No. 9001

File No. _____
Registered No. 87
St. _____ Ward _____

2. FULL NAME Charles Frobes

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Frobes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Fountain Green (STATE OR COUNTRY) Ill.

13. NAME Charles Frobes

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

15. MAIDEN NAME Amelia Suffer

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Charles Frobes (ADDRESS) Barksdale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 76 1933

19. UNDERTAKER Sumner Bon (ADDRESS) Barksdale Mo

20. FILED May 12 1933 Mrs. C. H. Beeper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on May 3, 1933. Death is said to have occurred on the date stated above, at 7:00 a. m.

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

Myocardial insufficiency

9019
1191
920

Other contributory causes of importance: Arterial Bronchial

Name of operation _____ Date of _____

What test confirmed diagnosis? physical 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? _____

If so, specify _____

(Signed) L. J. Garner, M. D.

(Address) W. B. K. Moore

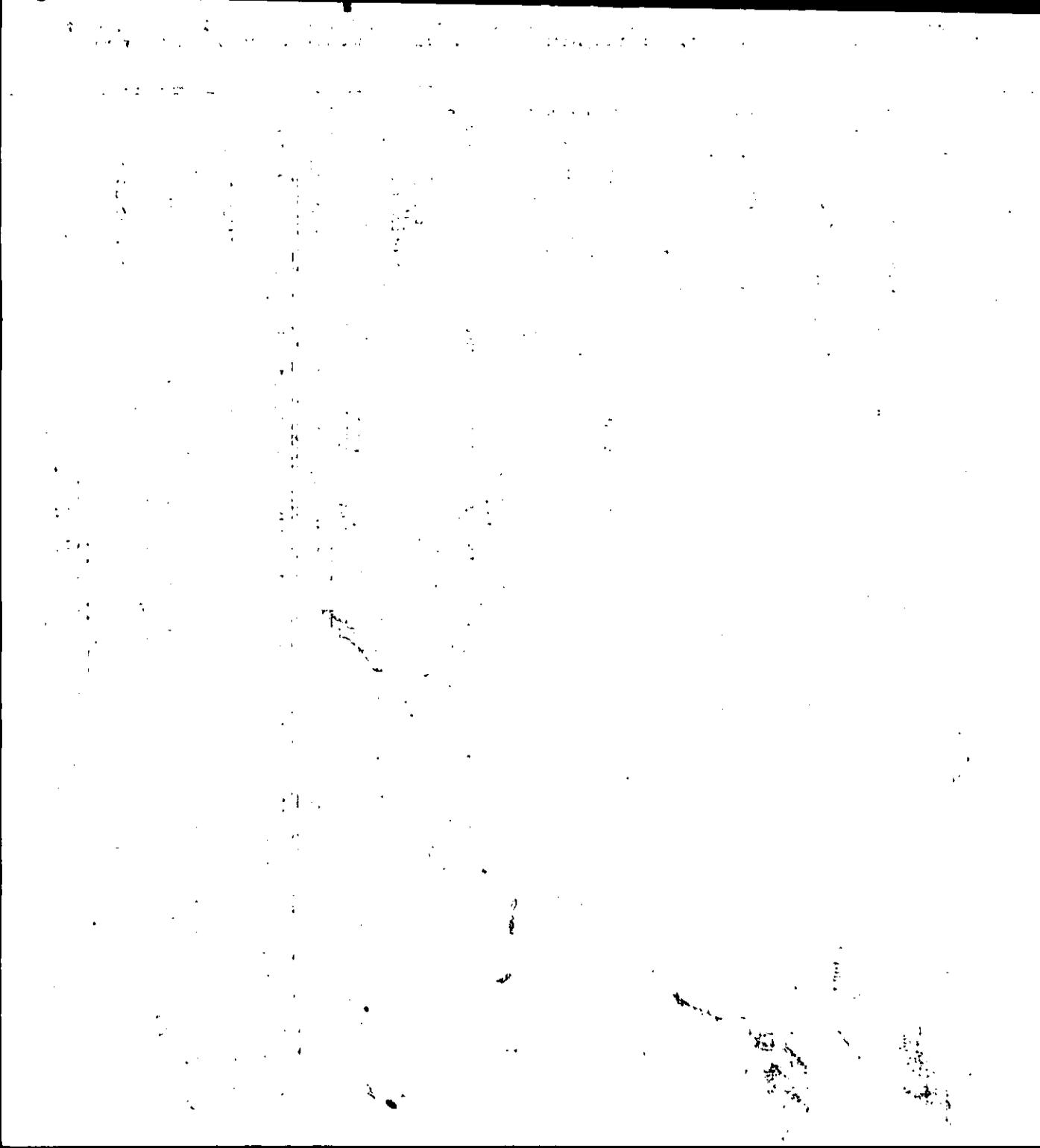
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1933

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ladair

Registration District No. 4

Township Kirkville

Primary Registration District No. 3001

City Kirkville (No.)

File No.
Registered No.
St. Ward)

2. FULL NAME

Charles Grobes

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17-1858

to, 19..... Death is said to have occurred on the, at, m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 7 17

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

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

Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED June 10, 1933 Mrs. C. N. Beecher Registrar.

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), M. D. (Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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