

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.

JUL 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township BOLES
City Boles (No. 5-801)

Registration District No. 293
Primary Registration District No. 5-116

File No. 19369
Registered No. 22
St. Boles Ward 5

2. FULL NAME

FRANK VONDERA
(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 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

MINNIE-VONDERA

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) UNION
(STATE OR COUNTRY) MISSOURI

PARENTS

10. NAME OF FATHER JOHN-CLEMENS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER MARY-LININE

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

14. INFORMANT Minnie Vondera
(Address) Robertsville, Mo.

15. FILED July 18, 1933 Hol. M. Hale
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-16 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28, to June 15, 1933
that I last saw him alive on June 15, 1933, and that death occurred, on the date stated above, at 12:00 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chapley
Anterior
arteriosclerosis
(duration) more than 5 yrs.

CONTRIBUTORY (SECONDARY) Anterior
(duration) more than 5 yrs.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. E. McRay, M. D.

6-17, 1933 (Address) Pacific, Mo.

*State the DISEASE CAUSING DEATH, or deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary Cemetery DATE OF BURIAL 6-19 1933

20. UNDERTAKER B. S. Schewe ADDRESS St. Mary Cemetery

