

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township KAW  
City Kansas City (No. 6435 Wyandotte)

Registration District No. 399  
Primary Registration District No. 1002

File No. 36640  
Registered No. 3127  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Hamilton Frame

(a) Residence No. 6435 Wyandotte 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Emma C. Frame

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 77

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

10. NAME OF FATHER James H. Frame

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

12. MAIDEN NAME OF MOTHER Mary

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

14. INFORMANT Mrs. J. H. Frame  
(Address) 6435 Wyandotte St.

15. FILED 9/29/33 M. M. Crane REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 28 19 33

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1<sup>st</sup> 1933, to August 28, 1933 that I last saw him alive on Aug. 27<sup>th</sup>, 1933, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Central hemorrhage  
Chronic Endocarditis  
(duration) 1 yr.  
CONTRIBUTORY (SECONDARY) (duration) 1 yr.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 932

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms

(Signed) E. R. Curry, M. D.

Aug. 29, 1933 (Address) 905 Locust St.

\*State the DISEASE CAUSING DEATH, or in 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 DATE OF BURIAL

Mount Moriah Ch. Aug 30 1933

20. UNDERTAKER ADDRESS 3235

Shive & McCrewe William  
Plaza

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. SEP 26 1933

