N Hardin

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

Do not use this space.

30555

1. PLACE OF DEATH

County ~~Buffalo~~ Pike — Registration District No. 689 — File No.

~~Township~~ Co. Pike — Primary Registration District No. 3033 — Registered No.

City Louisiana (No. Pike Co Hospital St. Ward)

2. FULL NAME Frank Bechtol,

(a) Residence, No. Louisiana, Mo 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. 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): ~~Divorced~~

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ollie Cotton Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-16-74 ~~10 16 22~~ 1874

7. AGE: YEARS 58. MONTHS 11 DAYS 6 ~~23~~ If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Macon Mo

FATHER

13. NAME: Joseph Bechtol

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West, Va

MOTHER

15. MAIDEN NAME: Lucy Martin

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

17. INFORMANT (ADDRESS): Annie Quital 5242 Waterman Ave St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE: Riverview DATE: 9/24 1933

19. UNDERTAKER (ADDRESS): F C Haeuy Louisiana Mo

20. FILED: 9/23 1933 F C Haeuy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 22 - '33 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1933, to Sep 22, 1933

I last saw him alive on Sept 22, 1933. Death is said to have occurred on the date stated above, at 9:20 p.m.

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

Lobar Pneumonia — Date of onset: 2

108 108

Other contributory causes of importance:

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? ... 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) C Llewellyn, M. D.

(Address) Louisiana 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.

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