

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

Do not use this space.

35840

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 203

2. FULL NAME

Frank Lesley
(a) Residence, No. Higbee, Mo 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. 2/ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1, 1874</u> | | |
| 7. AGE | YEARS <u>59</u> | MONTHS <u>6</u> |
| | DAYS <u>3</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 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) <u>Randolph Co., Mo</u> | | |
| FATHER | 13. NAME <u>Walt Know</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ | |
| MOTHER | 15. MAIDEN NAME <u>Ann Know</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ | |
| 17. INFORMANT (ADDRESS) <u>Records of State Hospital #1 Fulton, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Higbee, Mo</u> DATE <u>Nov 5 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Grandon Taylor #1 Fulton, Mo</u> | | |
| 20. <u>Nov 4 1933</u> <u>R. D. Crews</u> Registrar. | | |

1 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1933 to Nov 4 1933

I last saw him alive on Nov 3 1933. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:
General Paralysis of the Insane

Other contributory causes of importance: 83

23. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____

(Signed) J. S. Raff, M. D.
(Address) Fulton, Missouri

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 3 1934

