

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

Do not use this space.

11754

1. PLACE OF DEATH

County North
Township Miller Fork
City (No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St. Ward

2. FULL NAME

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF John W. Frost, Decedent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 15

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

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) Davis City Iowa

13. NAME John Davis

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

15. MAIDEN NAME Maria Jewett

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

17. INFORMANT (ADDRESS) Velma Parkhurst North Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany Mo. DATE 3-19-1934

19. UNDERTAKER (ADDRESS) S. W. H. & Co. Albany Mo.

20. FILED April 9, 1934 P. H. Miller, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-1934

22. I HEREBY CERTIFY, That I attended deceased from , 1934, to , 1934

I last saw her alive on 3-17-1934 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Myocardial Regurgitation Date of onset 1929
Heart

Other contributory causes of importance:

Name of operation Phys. Ex. Indus. 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

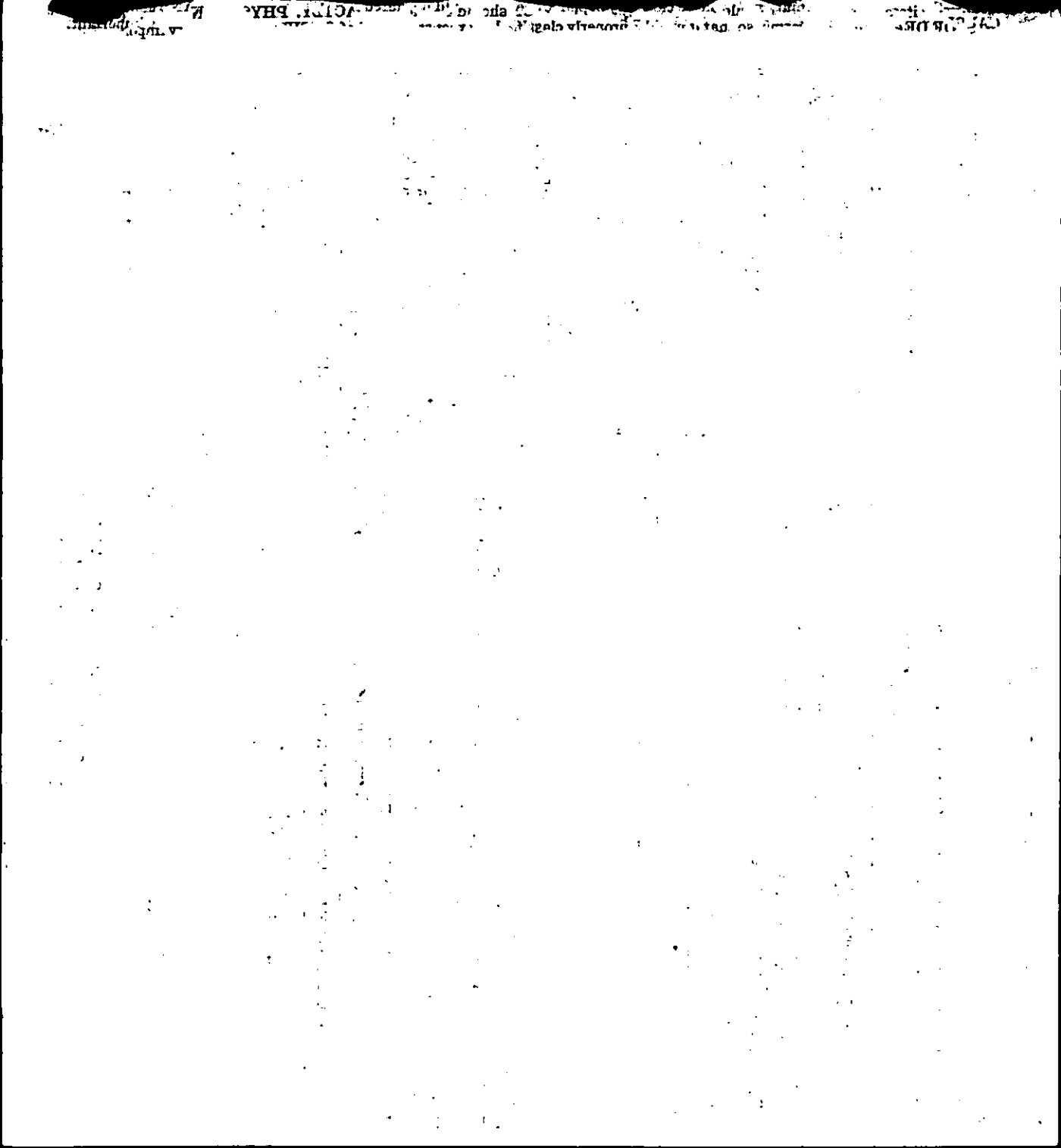
If so, specify

(Signed) P. H. Miller, M. D.

(Address) Albany Mo.

Every item of information should be carefully checked. AGE should be stated in full years, months, and days. CITY, PHYSICIAN, and UNDERTAKER should be stated in full. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if very important.

APR 25 1934



Very item of information should be carefully examined. AGS should be checked & EXACTLY. PHYSICIAN should be consulted. Exact statement of OCCUPATION is very important.

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

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 Bartholomew
Township Middle Fork
City Bartholomew (No. 1112)

Registration District No. 1112
Primary Registration District No. 6213

File No. 1112
Registered No. 6213

2. FULL NAME

(a) Residence, No. Bartholomew St. Bartholomew Ward. Bartholomew
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John D. Frost</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-3-1867</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. <u>0</u> min. <u>0</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>W. W.</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>Bartholomew, Mo.</u>		
FATHER	13. NAME <u>John Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bartholomew, Mo.</u>	
	15. MAIDEN NAME <u>Marie Frost</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bartholomew, Mo.</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Elmer R. Ragsdale</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Albany</u> DATE <u>3/19</u> 19 <u>34</u>	
	19. UNDERTAKER (ADDRESS) <u>S. M. Haas</u>	
	20. FILED <u>April 9, 1934</u> <u>Bartholomew, Mo.</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1934 to Mar. 18, 1934

I last saw him alive on Mar. 17, 1934 Death is said to have occurred on the date stated above, at 3:39 m.

The principal cause of death, and related causes of importance were as follows:
Myocardial Regurgitation Date of onset Mar. 17, 1934

Other contributory causes of importance:

Name of operation Phys. exam Date of Mar. 18, 1934

What test confirmed diagnosis? Phys. exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Mar. 18, 1934

Where did injury occur? Bartholomew, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Phys. exam

Nature of injury Phys. exam

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) C. J. Ragsdale M. D.
(Address) Bartholomew, Mo.

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