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

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.

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

SEP 20 1934

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29514
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 3952
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Alice A. Frame
(a) Residence, No. 6031 Cherry 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Frame

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1843

7. AGE: YEARS 91 — MONTHS 7 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) England

FATHER
13. NAME Francis Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Alice Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mabel A. Frame 6021 Cherry St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Moriah Cem. DATE Aug 23 1934

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Place

20. FILED 8/23 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma by fall down stairs	
Multiple lacerations and Contusions	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/21/34, 19....
Where did injury occur? 6031 Cherry Street (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall down stairs
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]