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 19 1934

Do not use this space.

30431

1. PLACE OF DEATH
County Polk
Township Monroe
City Bolivar
Registration District No. 701
Primary Registration District No. 4422
File No.
Registered No. 5
(No. , St. Ward)

2. FULL NAME Frank Lewis Templeton
(a) Residence, No. 220 East Locust St., 2 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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~~)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie M Templeton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/18/1862

7. AGE 72 YEARS MONTHS 3 DAYS 29 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographic & B & L Lady
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) Bracewell Ohio

FATHER
13. NAME Michael Templeton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austintown Ohio

MOTHER
15. MAIDEN NAME Lovina Fussehnon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT X (ADDRESS) Marie Templeton Bolivar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Aug 19 1934

19. UNDERTAKER (ADDRESS) White Enwin Bolivar

20. FILED Aug 18, 1934 J F Roberts Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to Aug 17, 1934
I last saw him alive on June 5, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious Anemia | 6-1-28 |
| NA | |
| NA | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Lab 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) Leslie R. Webb, M. D.
(Address) Springfield, Mo.