

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

Do not use this space.

31689

1. PLACE OF DEATH
 County Sullivan Registration District No. 952
 Township Polk Primary Registration District No. 6120
 City Wiley (No. _____) St. _____ Ward _____

2. FULL NAME William Harrison Frakes
 (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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy N. Frakes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11, 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>
	DAYS <u>27</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>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School Teacher</u>	
	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>Bedford, Missouri</u>		
FATHER	13. NAME <u>Thomas Frakes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mariah Sexton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>J. D. Lightfoot, Wiley, Mo.</u>		
18. BURIAL, CREMATION, OR REPOSING <u>Oakwood Cem. Wiley, Mo. Aug 10 1934</u>		
19. UNDERTAKER (ADDRESS) <u>C. A. Schoefer, Wiley, Mo.</u>		
20. FILED <u>aug 20, 1934</u> <u>Clio Hagan</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1934, to Aug 8th, 1934
 I last saw him alive on Aug 7th, 1934. Death is said to have occurred on the date stated above, at 11:52 a.m.
 The principal cause of death and related causes of importance were as follows:
Heat prostration, and general Septicemia Date of onset 7-7-34
Carbuncle on right forearm. 205 7-27-34
 Other contributory causes of importance:
Carbuncle on right forearm.
 Name of operation Lanced Carbuncle, Date of 7-30-34
 What test confirmed diagnosis? Syphilis. 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) L. G. Simmons, M. D.
 (Address) Wiley, 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

AUG 22 1934

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