

JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County ADAIR  
Township.....  
City NOVINGER MO (No. ....)

Registration District No. 2  
Primary Registration District No. 5-00-2  
4004

File No. 31818  
Registered No. 25  
St. .... Ward)

2. FULL NAME SAMUEL FRANKFORD

(a) Residence, No. NOVINGER 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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>WIDOWED</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>MARCH 10th 1840</b>				
7. AGE YEARS <b>94</b>	MONTHS <b>6</b>	DAYS <b>12</b>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>FARMER, RETIRED</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>STOCK &amp; GRAIN</b>			
	10. Date deceased last worked at this occupation (month and year) <b>1919</b>		11. Total time (years) spent in this occupation <b>15</b>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **schyler co ill**

13. NAME **JOHN FRANKFORD**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **P A**

15. MAIDEN NAME **MATILDA FASNACHT**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **P A**

17. INFORMANT (ADDRESS) **R D Frankford NOVINGER MO**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Woodruff mo** DATE **9-24 1934**

19. UNDERTAKER (ADDRESS) **AVIS & WILSON Davis, Ark**

20. FILED **9/24 1934 J S Gaesweiler Registrar.**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEP 22 1934**

22. I HEREBY CERTIFY, That I attended deceased from **SEP 12**, 19**34**, to **SEP 22**, 19**34**  
I last saw ~~him~~ alive on **SEP 17**, 19**34**. Death is said to have occurred on the date stated above, at **8:40** a.m.

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

**Croup Bronchitis**  
**106 B**  
**112**  
**162**  
**106 B**  
Other contributory causes of importance: **anemia + age**

Date of onset **1884**

Name of operation **none** Date of .....

What test confirmed diagnosis? **Chumbe** 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 Seawing Gaesweiler**, M. D.

(Address) **Novinger 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.

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