

OCT 18 1934

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

Do not use this space.

34910

1. PLACE OF DEATH

County Schuyler Registration District No. 804
Township South Primary Registration District No. 61049-185
City Gruntop (No.) St. Ward)

2. FULL NAME

Gordon Frank
(a) Residence, No. GREENTOP MO St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 11 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P SCHOOL

10. Date deceased last worked at this occupation (month and year) 30 YEARS 11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

13. NAME GORDON FRANK S R

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

15. MAIDEN NAME DONT KNOW

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

17. INFORMANT (ADDRESS) Wm. Frank KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Gruntop DATE Sept 10 1934

19. UNDERTAKER (ADDRESS) David Wilson's Kirksville Mo

20. FILED Sept 10 1934 Mrs O P Raymond Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1920, to Sept 8 1934
I last saw him alive on Sept 7 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

infirmitie of age Date of onset

170 B / 20 W

Other contributory causes of importance: Nervous Diarrhea

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy?

28. 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) M. H. Johnson, M. D.
(Address) Glenwood 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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