DEC 13 1934

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

Do not use this space.

38739

File No.
Registered No. 227

1. PLACE OF DEATH

County Cape
Registration District No. 125
Township
Primary Registration District No. 3009
City Cape Girardeau, Mo. S.E. Mo Hospital St. Ward)

2. FULL NAME Frank Kaikas

(a) Residence, No. Southeast Hospital Cape Gir., Mo Ward. Westville Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1916

7. AGE: Years 18 | Months 6 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.C. Camp
10. Date deceased last worked at this occupation (month and year) Nov. 7, 34
11. Total time (years) spent in this occupation 1 Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westville Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Lt. Nuchase A. Glazebrook, Camp Delta Mt Vernon Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Vernon Ill DATE Nov 12 1934

19. UNDERTAKER (ADDRESS) Brinkley Howell Cape Girardeau Mo

20. FILED 11-10 1934 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934, 19..., to Nov 9, 1934

I last saw h. alive on Nov 9, 1934. Death is said to have occurred on the date stated above, at 3:25 P.m.

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

	Date of onset
Dynamite explosion (accidental)	
Injuries	
Instant	

Other contributory causes of importance:
Multiple fractures, concussion and shock.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 Nov 7, 1934
Where did injury occur? Allegany County, Ill (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Premature explosion of dynamite
Nature of injury Multiple fractures, concussion

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify C.C.C. Worker in road construction
(Signed) Mooney Pushing Lt Med. Res. M. D.
(Address) Camp Delta, Mt Carmel, Ill

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.