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

Do not use this space.

39494
5005

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1003
City: Kansas City (No.: St. Joseph Hospital; Ward:)
File No.: 5005
Registered No.:

2. FULL NAME: Frank L. Narmile
(a) Residence, No.: 7228 Wayne St.; Ward:
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 8 1895

7. AGE: Years 39; Months 8; Days 9; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad
10. Date deceased last worked at this occupation (month and year): Nov 10, 1934
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomington Ills.

FATHER
13. NAME: Michael J. Narmile
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomington Ills.

MOTHER
15. MAIDEN NAME: Emma Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomington Ills.

17. INFORMANT (ADDRESS): Venah Narmile

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bloomington Ills. DATE: ....19....

19. UNDERTAKER (ADDRESS): Suddath-Buchanan 6700 Troost

20. FILED 11-17 1934 M M Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1934 to Nov. 17, 1934
I last saw him alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 12:05 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
12/18	
12/9	
Other contributory causes of importance: Ruptured Appendix	

Name of operation: Lap. & Drain — Date of: Nov 16-34
Was test confirmed diagnosis? ....Was there an autopsy? yes

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) James T. Ferguson, M. D.
(Address) 201 W. 63rd Blk Bed