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

JAN 14 1935

Do not use this space.

42015

File No.
Registered No. 1345

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. 722 South 16th. St. Ward)

2. FULL NAME James Taswell Frans,
(a) Residence, No. 722 South 16th. 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: 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 Melissa H. Frans,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 31, 1866

7. AGE: Years 68 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joseph, Mo.
10. Date deceased last worked at this occupation (month and year) December 1918
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER
13. NAME Benjamin R. Frans,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER
15. MAIDEN NAME Mary Reynolds,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT Mrs. A. A. Collins
(ADDRESS) 627 North 25th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Dec. 11th. 19

19. UNDERTAKER Heaton-Brisle-Bowman
(ADDRESS) 615 So. 10th. St. Funeral Home

20. FILED 12-18 19 34 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1934 to Dec 9 1934
I last saw alive on Dec 6, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Uremia mitr. contrib.
Nephr.
Pyel.

Date of onset

Other contributory causes of importance:

Name of operation None 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? 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) John L. Bowman, M. D.
(Address) Dr. Jones 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

100M-11-22-33

endocarditis