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

Do not use this space.

1542

1. PLACE OF DEATH FEB 19 1935
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1962 — Registered No. 5 13
City Kansas City Mo (No. Research Hospt. St. Ward)

2. FULL NAME Holloway H. Frost
(a) Residence, No. Ft Leavenworth Kan 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. 8 ds. How long in U. S., if of foreign birth? 45 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 Helen Prentice Frost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) apr 11, 1889

7. AGE 45 YEARS 45 — MONTHS 9 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn N. Y.

FATHER
13. NAME Halstead Holloway Frost Jr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Norwich Nassau Co Long Island N. J.

MOTHER
15. MAIDEN NAME Mary Louise Downing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Norwich Nassau Co Long Island

17. INFORMANT (ADDRESS) Major John E. Sloan F.A. Ft. Leavenworth Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arlington Cem Wash D.C. DATE 1-29 1935

19. UNDERTAKER (ADDRESS) J. C. Davis Undt Co. Leavenworth Kans

20. FILED 1/27 1935 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1935, to January 26, 1935
I last saw him alive on Jan-26, 1935. Death is said to have occurred on the date stated above, at 8.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media (Right)	Dec-28-34
Labyrinthitis	Jan 3-35
Mastoiditis	Jan 18-35
Menigitis-Diffuse	" 23-35

Other contributory causes of importance: 890

Name of operation Mastoid Date of 1-18-35
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Sam E Roberts, M. D.
(Address) Kansas City 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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April 11/89