APR 1 7 1935

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

Do not use this space.
8799

1. PLACE OF DEATH Greene
County ..... Registration District No. 318
Township ..... Primary Registration District No. 3001
City Springfield No. St. Johns Hospital St. ..... Ward)
File No. 155
Registered No. .....

2. FULL NAME Fred F. Platte
(a) Residence, No. 1101 N. Broadway 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1857

7. AGE YEARS 78 MONTHS 0 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In store
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) Germany

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

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

17. INFORMANT (ADDRESS) Charles Platte Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE March 19 1935

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co Springfield, Mo.

20. FILED 3-20 1935 John W. Willey Registrar
R. W. Langston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/20/35, 19.. to 3/17/35, 19..
I last saw him alive on 3/17/35, 19.. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Prostatectomy
Benign. 135 gm.

Other contributory causes of importance:
Coronary disease

Name of operation Prostatectomy Date of 3/16/35
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.
not —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. W. Wise, M. D.
(Address) Med Arts Bldg 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.