

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.

MAY 25 1935

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

Do not use this space.

12526

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township N. Campbell Primary Registration District No. 2001
 City Springfield, Mo. (No. Greene County Jail) St. 92 Ward 1

2. FULL NAME Frank McDaniel
 (a) Residence, No. 914 S. Main - (Mo. Penitentiary) Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Black 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) 1905, Feb. 2

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>2</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

MOTHER FATHER

13. NAME Unkown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Maude McDaniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Maude McDaniel
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hagleywood DATE April 15, 1935

19. UNDERTAKER Herbert V. Smith
 (ADDRESS) Springfield, Mo.

20. FILED 4-15-1935 Reb. Doughton
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from dead, 1935, to alive on 4-12, 1935. Death is said to have occurred on the date stated above, at 5-25 m. The principal cause of death and related causes of importance were as follows:
Legal Hanging strangulation
 Other contributory causes of importance
148

Name of operation 148 Date of 148
 What test confirmed diagnosis? 148 Was there an autopsy? 148

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 148 Date of injury 148, 1935.
 Where did injury occur? 148 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hanging - Legal
 Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? 148
 If so, specify 148
 (Signed) Chas. A. George, coroner, M. D.
 (Address) Springfield, Mo.

