AUG 14 1935

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

Do not use this space.

26091

1. PLACE OF DEATH
County Franklin — Registration District No. 294 — File No.
Township Central — Primary Registration District No. 5409B — Registered No.
City St. Clair (No. ... St. ... Ward)

2. FULL NAME Mary Ann Frank
(a) Residence, No. St. Clair Mo. 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 Female
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 Albert Frank
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1851
7. AGE YEARS 84 MONTHS 0 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. Housewife
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) (STATE OR COUNTRY) Boston, Mass.

FATHER
13. NAME Fred Bruggeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sophie Meipke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Joe Frank St. Clair, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE Aug. 6, 1935
19. UNDERTAKER (ADDRESS) Casey & Co. St. Clair, Mo.
20. FILED Aug 7, 1935 W. H. Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-28-1935, to Aug. 4, 1935
I last saw her alive on Aug. 1, 1935. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Other contributory causes of importance: Malaria fever	

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

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?
If so, specify
(Signed) W. E. Kitchell, M. D.
(Address) St. Clair

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.