

'OCT 28 1935'

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

Do not use this space.

30339

1. PLACE OF DEATH

County Pettis  
Township  
City Sedalia (No. 1221 E 42)

Registration District No. 668  
Primary Registration District No. 3032

File No. 292 295  
Registered No. 668 St. \_\_\_\_\_ Ward)

2. FULL NAME

Frank Dumbars Bristol

(a) Residence, No. 1221 E 4 St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Bristol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 7 23

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Richard fireman

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

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) Piqua Ohio

13. NAME Vernon Bristol

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

15. MAIDEN NAME Annie Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville Ohio

17. INFORMANT (ADDRESS) Mrs. Fannie Bristol Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 9-20-1935

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED 9-19-35 Jeane Slack Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1935 to Sept 18, 1935  
I last saw him alive on Sept 18, 1935 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
930  
Other contributory causes of importance:  
Chronic myocarditis

Name of operation \_\_\_\_\_ 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) Jordan Hauffaker, M. D.  
(Address) Sedalia, Missouri

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.

