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.

DEC 18 1935

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

Do not use this space.

35852

41 1 6

1. PLACE OF DEATH
County Harrison — Registration District No. 334 — File No.
Township — Primary Registration District No. 4197 — Registered No. 399
City Bethany (No. ..... St. ..... Ward)

2. FULL NAME Minnie Lee Frame

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Robert S. Frame

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1885

7. AGE — YEARS 49 — MONTHS 11 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Decatur Co. Mo.

FATHER
13. NAME Logan Groomer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Sarah Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co Mo

17. INFORMANT (ADDRESS) Robert S. Frame Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morischofel DATE 11-13, 1935

19. UNDERTAKER (ADDRESS) S. M. Haas Bethany Mo.

20. FILED Nov 13, 1935 A. L. Wersling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Nov 11, 1935
I last saw her alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	

48

Other contributory causes of importance: Secondary Anemia

Name of operation Hysterectomy Date of 11-11-35
What test confirmed diagnosis? 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) D. G. Reed DO, M. D.
(Address) Bethany. Mo