

26 1935

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

Do not use this space.

39103

1. PLACE OF DEATH

County DeWitt  
Township Norman  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 269  
Primary Registration District No. 5376

File No. \_\_\_\_\_  
Registered No. B  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frank M. Fenton

(a) Residence, No. \_\_\_\_\_ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Fenton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>D. K.</u>		
7. AGE	YEARS <u>D. K.</u>	MONTHS <u>D. K.</u>
	DAYS <u>D. K.</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May, 1932</u>	
11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion County, Mo.</u>		
MOTHER	13. NAME <u>D. K.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>	
	15. MAIDEN NAME <u>D. K.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>	
17. INFORMANT <u>Vernon L. Sellers</u> (ADDRESS) <u>London, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wake Spg., Mo.</u> DATE <u>Dec. 19, 1935</u>		
19. UNDERTAKER <u>A. B. Sellers</u> (ADDRESS) <u>London, Mo.</u>		
20. FILED <u>Dec 19, 1935</u> <u>Mrs Cora Bailey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from January, 1934 to Dec. 18, 1935

I last saw him alive on Oct 1, 1935. Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset 1933

Other contributory causes of importance:  
131  
Pneumonia 1932

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? None

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) W. H. Dillman, M. D.  
(Address) London, 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.

