

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

Do not use this space.

JUL 16 1936

21882

1. PLACE OF DEATH

County Andrew
 Township.....
 City Savannah (No.)

Registration District No. 13
 Primary Registration District No. No 10

File No.
 Registered No.
 St. Ward)

2. FULL NAME

James Roberts Frodoham

(a) Residence No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1853

7. AGE YEARS 85 MONTHS 3 DAYS 14 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) St. Joseph Mo

FATHER 13. NAME William Frodoham

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

MOTHER 15. MAIDEN NAME Elizabeth Burkhill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng Land

17. INFORMANT En. Rob. Frodoham (ADDRESS) 3 Savannah

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE June 6 1936

19. UNDERTAKER E. G. Brest (ADDRESS) Savannah Mo

20. FILED 6-5 19.36 Wm. A. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to June 4 1936

I last saw him alive on June 4 1936 Death is said to have occurred on the date stated above, at 4:45 pm.

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

Arterio sclerosis Date of onset 1925
Hemiplegia 6-2-36

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

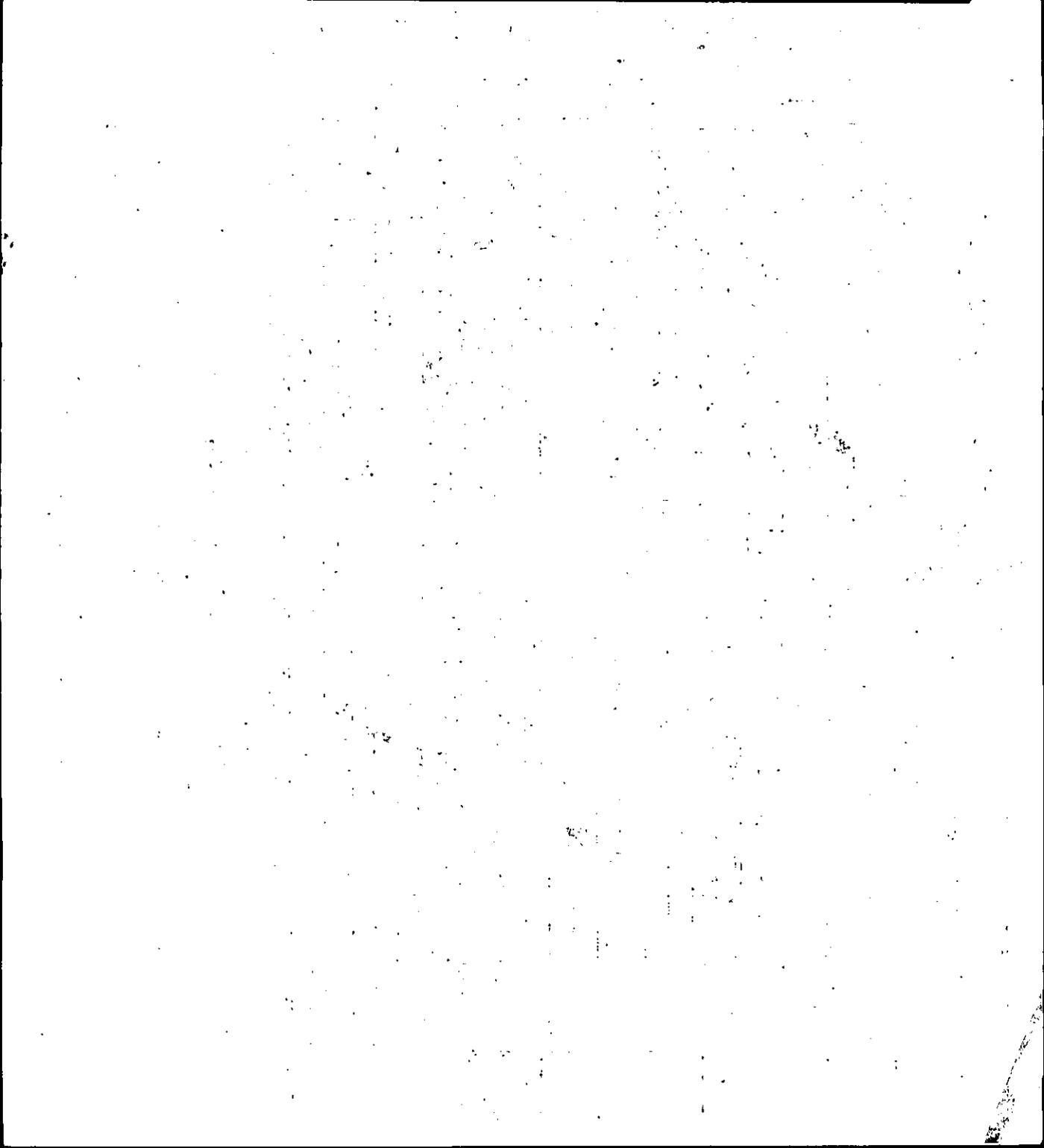
Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Ralph R. Kelley M. D.
 (Address) Savannah 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.



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1. PLACE OF DEATH

County Andrew Registration District No. 13 File No.
 Township Primary Registration District No. 4016 Registered No.
 City Savannah (No. St. Ward)

2. FULL NAME

James Roberts Frodsham
 (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 M 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 3 14

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

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

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED June 5, 1936 Wm A R King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... 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:
arterio sclerosis Date of onset

Hemiplegia
was a sequel to the cerebral hemorrhage
 Other contributory causes of importance:

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?.....
 If so, specify
 (Signed) Ralph R. Kelley, M. D.
 (Address) Savannah 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.

SUBMITTED

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