

JUL 21 1936

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

Do not use this space.

25617

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. 3287
City Kansas City (No. London Hotel, 304 1/2 Cross St. _____ Ward) _____

2. FULL NAME Frank M. Hoel

(a) Residence, No. 304 1/2 Cross 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

1. 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 unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 47 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Omaha Neb.

13. NAME Frank J. Hoel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Neb.

15. MAIDEN NAME Annie Lee Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Neb.

17. INFORMANT (ADDRESS) Mr. Beatrice Farrell
6101 Sheridan Rd Chicago

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland DATE 7-15 1936

19. UNDERTAKER (ADDRESS) H. Ferguson + Son
16 E. Mo.

20. FILED July 15 1936 M. M. Crome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11/36 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____.
I last saw him _____ live 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:

Gonorrhea
Chronic suppurative infection
Date of onset: _____

Other contributory causes of importance: 93

Name of operation _____
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 to any organ related to occupation of deceased? _____
If so, specify _____

(Signed) [Signature], M. D.
(Address) [Signature]

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.

