WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

42048

1. PLACE OF DEATH
County Nodaway
Township Polk
City Maryville Mo (No. ..... St. ..... Ward)
Registration District No. 6[illegible]6
Primary Registration District No. [illegible]031
File No.
Registered No. 127

2. FULL NAME Walton Craig Frank
(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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Ardelia Ravanaugh F.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-8-1852
7. AGE 83 YEARS 83 MONTHS 11 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and Lawyer
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) Ghent Kentucky

FATHER
13. NAME James S. Frank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Royal Kentucky

MOTHER
15. MAIDEN NAME Eva P. Craig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Kentucky

17. INFORMANT (ADDRESS) A. K. Frank 301 East 7th Maryville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Nov 22 1936
19. UNDERTAKER (ADDRESS) Campbell Funeral Home 951 South Main Maryville Mo
20. FILED 11-22 1936 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1936, to Nov 19-1936
I last saw him alive on Nov 19, 1936. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Left Sided Hemiplegia from ruptured right Meningeal artery
Date of onset
Other contributory causes of importance:
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical 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? No
If so, specify ✓
(Signed) Chas T Bell, M. D.
(Address) Maryville Mo