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.

JAN 22 1937

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

Do not use this space.

45647

1. PLACE OF DEATH
County Nodaway — Registration District No. 617 — File No.
Township White Cloud — Primary Registration District No. 5818 — Registered No. 20
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Willis Stanley Frankum
(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 7 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	3	27	

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

FATHER
13. NAME William Henry Frankum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

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

17. INFORMANT (ADDRESS) Mrs Wilma Myers St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quitman Mo. DATE 12-17-1936 19

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo.

20. FILED 12/21 1936 Chas. D. Humbert MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1936 to Dec 15, 1936
I last saw him alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 9.30 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

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Other contributory causes of importance:
Chronic nephritis
Atheroma of great Blood Vessels

Name of operation none Date of —
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) K C Cummins, M. D.
(Address) Maryville Mo