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.

JAN 13 1936

1. PLACE OF DEATH
County Ralls — Registration District No. 72 C — File No. 47659
Township Spencer — Primary Registration District No. 67-67 — Registered No.
City New Frankford, Mo. (No. , St. Ward)

2. FULL NAME Infant Nat Manual

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5-1936

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 1 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) Frankford, Mo.

FATHER
13. NAME James Holliday
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Frankford Mo.

MOTHER
15. MAIDEN NAME Margaret Epperson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Frankford Mo

17. INFORMANT (ADDRESS) James Holliday

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankford Mo DATE Jan 6 1936

19. UNDERTAKER (ADDRESS) J. E. Megyone with Fields and Son

20. FILED Jan 6, 1936 Blanche Megyone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him 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:

Still born — Date of onset

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) O. W. Drapkopf, M. D.
(Address) Frankford Mo