

FEB 25 1937

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

Do not use this space.

1653

1. PLACE OF DEATH

County Jackson
Township Kau
City Kansas City (No. 3425 Locust)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1653
St. _____ Ward _____

2. FULL NAME

Charles L. Frank

(a) Residence, No. 3425 Locust 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. 7 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 No.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 16, 1848

7. AGE YEARS 88 MONTHS 11 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff for 5 1/2 years
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Berkshire Co No Adams Mass
10. Date deceased last worked at this occupation (month and year) 11/13/37 11. Total time (years) spent in this occupation. 5 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montague Mass

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Edgar L. Frank 3425 Locust

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield Mass DATE Jan 29 1937

19. UNDERTAKER (ADDRESS) Sudburch-Buchanan 6900 Truxtun St Mo

20. FILED Jan 26 1937 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1937, to Jan. 25 1937
I last saw him alive on Jan 25 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 1-23-37

Other contributory causes of importance: old age

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. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) G. W. Stowell M. D.
(Address) 3103 Tenth

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.

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