

FEB 18 1937

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

Do not use this space.

2380

1. PLACE OF DEATH

County New Madrid  
Township New Madrid  
City (No. ....) .....

Registration District No. 604  
Primary Registration District No. 3802

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Frank Dean

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1919  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
17 10 7

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) Mathews, Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME A. J. Dean  
14. BIRTHPLACE (CITY OR TOWN) Mathews, Mo.  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Minnie Brece  
16. BIRTHPLACE (CITY OR TOWN) Unk.  
(STATE OR COUNTRY)

17. INFORMANT Frank Dean  
(ADDRESS) Mathews, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mathews, Mo. DATE Feb. 3 19 37

19. UNDERTAKER Richards, Und.  
(ADDRESS) New Madrid, Mo.

20. FILED 2/11 37 Wm. O. Bannon  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said  
to have occurred on the date stated above, at 8:30P m.

The principal cause of death and related causes of importance were as follows:  
Drowned

Date of onset  
Other contributory causes of importance  
Name of operation..... 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? Accident Date of injury Jan. 30 37  
Where did injury occur? New Madrid County  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Barre sank with men  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) J. L. Crooner  
New Madrid Mo

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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