

APR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Marion  
Township Marion  
City Hannibal (No. Leveering Hospital)

Registration District No. 547  
Primary Registration District No. 3079

File No. 12598  
Registered No. 94  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Baby Frankum

(a) Residence, No. Wagon Wheel St 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 Female 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 16<sup>th</sup> 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Stillborn - - -

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) Hannibal  
(STATE OR COUNTRY) Mo

13. NAME One Frankum

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

15. MAIDEN NAME Mary Epler

16. BIRTHPLACE (CITY OR TOWN) Hannibal  
(STATE OR COUNTRY) Mo

17. INFORMANT Mr One Frankum  
(ADDRESS) Wagon Wheel - Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Not Observed DATE March 18 1937

19. UNDERTAKER James O. Donnell  
(ADDRESS) Hannibal Mo

20. FILED 3/19 1937 St. C. Fisher  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16<sup>th</sup> 193722. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to March 16, 1937

I last saw her alive on March 16, 1937. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Congenital Syphilis

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture 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) B. S. Murphy M. D.  
(Address) Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

