

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

Do not use this space.

20089

JUN 8 1 1937

37 1. PLACE OF DEATH
County Franklin Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. St. Johns Hospital) Registered No. 17454
2. FULL NAME Frank Gordon Marman St. Ward
(a) Residence, No. Fremont no. 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

MEDICAL CERTIFICATE OF DEATH

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) August 1-1916

7. AGE YEARS 20 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Lake Resort

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) Mo.

13. NAME George Marman

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

15. MAIDEN NAME Alta Williams

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

17. INFORMANT Mrs. Alta Marman (ADDRESS) Fremont Mo.

18. BURIAL, CREMATION, OR REMOVAL Nichols Home Cemetery PLACE Alton Mo. DATE May 29 1937

19. UNDERTAKER W. J. Klingner & Co. (ADDRESS) Springfield Mo.

20. FILED May 28 1937 Chas. A. George Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/27 (1pm), 1937, to 5/27 (8:20pm), 1937
I last saw him alive on 5/27, 1937. Death is said to have occurred on the date stated above, at 8:00 p. m.
The principal cause of death and related causes of importance were as follows:
Uremia (Blood nitrogen 300 - 132 B) Albuminuria +++

Other contributory causes of importance:
? of pyemia from infection on teeth.

Name of operation None Date of

What test confirmed diagnosis Clin. & Pat. 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) F. J. D. Sailer M. D.
(Address) Springfield Mo.

Date of report May 29 1937
By
in compliance with
Regulation No.

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

