

AUG 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Barnes
 Township Flat Creek
 City Cassville Mo

Registration District No. 29
 Primary Registration District No. 5038

26580

File No. _____
 Registered No. 50
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Cassville Mo St. REFO 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Frost
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1853-5-10
 7. AGE YEARS 84 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Barnes Co. Mo.13. NAME A. J. Frost14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa15. MAIDEN NAME Adeline Ashcraft16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Ella Frost18. BURIAL, CREMATION, OR REMOVAL PLACE Harner DATE June 21 193719. UNDERTAKER (ADDRESS) Harner Oliver20. FILED 7-21 1937 Joel Newman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19th 193722. I HEREBY CERTIFY That I attended deceased from Jan 1937, to June 2 1937I last saw him alive on June 2 1937. Death is saidto have occurred on the date stated above, at 7 A.m.

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

Nephritis Chronic Date of onset _____Other contributory causes of importance: 131
Cerebral hemorrhage

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) Glenn H. Salger M. D.(Address) Cassville Mo.

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

