

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. C. Mo. (No. 218)

Registration District No. 399  
Primary Registration District No. 1002  
E. 79th

File No. 33164  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frank R. Filken

(a) Residence, No. 218 E. 79th 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 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 Bettie L. Filken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 3 10

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

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) Finley, Ohio

FATHER 13. NAME N. W. Filken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, N. Y.

MOTHER 15. MAIDEN NAME Eugenia Green

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

17. INFORMANT Mrs. Bette L. Filken  
(ADDRESS) 218 E. 79th

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Sept 3, 1937

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED Sept 3, 1937 Wm. D. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1937

22. I HEREBY CERTIFY, That deceased from Sept 1, 1937 to Sept 1, 1937  
I last saw him alive on Sept 31, 1937, 1937 Death is said to have occurred on the date stated above, at 3:30 m. pm

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

Aneurysm of heart Date of onset OK

930

Other contributory causes of importance:

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) Dr. E. Black, M. D.  
(Address) \_\_\_\_\_

Dr. E. Black

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.

File # 103  
1.03

V. 2463