

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH

County Andrew  
Township South River  
City Mexico Mo

Registration District No. 26  
Primary Registration District No. 3002  
(No. Andrew Hospital)

File No. 40547  
Registered No. 171  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bobby Joe Frosch

(a) Residence, No. 914 W. Breckenridge 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) Nov. 6, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby  
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) Mexico, Missouri

13. NAME Merle Frosch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Iowa

15. MAIDEN NAME Walsa Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stergon, Missouri

17. INFORMANT Merle Frosch  
(ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Mo. DATE 11/8/37

19. UNDERTAKER Chas. Arnold Jr.  
(ADDRESS) Mexico, Missouri

20. FILED Nov 8, 1937 Blanche Neely  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to Nov 7, 1937

I last saw him alive on Nov 7, 1937 Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Atellectasis Date of onset

Other contributory causes of importance:

Premature

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) R. S. Williams, M. D.

(Address) Mexico, Mo.

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.

447

12

