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.

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

Do not use this space.

DEC'D MAR 14 1938

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 6184
Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 260
City St. Joseph, Mo. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME STANFORD LEE FRAKES
(a) Residence, No. 2822 Mary St., Ward. (If nonresident, give city or town and State)
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1938
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER
13. NAME Clarence Frakes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halls, Mo.

MOTHER
15. MAIDEN NAME Matilda Rieman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

17. INFORMANT (ADDRESS) Mr. Clarence Frakes 2822 Mary St. Joseph, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland, Cem. DATE Mar. 1st. 1938
19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.
20. FILED 3/1 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from at birth on Feb 27, 1938
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra uterine asphyxia	

Other contributory causes of importance:
Placenta Previa, centralis
Prematurity
Version & extraction

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ 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) Winton T. Stacy, M. D.
(Address) Kirkpatrick Bldg