

REC'D MAY 9 1938

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

Do not use this space.

13765

1. PLACE OF DEATH

County Jackson
Township 1 East
City Kennett City (No. 1612)

Registration District No. 399
Primary Registration District No. 1002
Benton Blvd St. _____ Ward _____

File No. _____
Registered No. 1745

2. FULL NAME

Frank Lester 236

(a) Residence, No. 1612 Benton 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 Frances Lester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1858

7. AGE YEARS 80 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

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

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) 1918 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark New Jersey

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John B. Speyce 5324 Locust

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April 1938

19. UNDERTAKER (ADDRESS) Dwnewcome's Sons Bushcreek + Passco

20. FILED 4-25, 1938 M. M. Crowe, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to April 24, 1938
I last saw him alive on 4-24, 1938 Death is said to have occurred on the date stated above, at 4:05 P.
The principal cause of death and related causes of importance were as follows:

Left Ventricular Failure Date of onset 4-7-38
97

Other contributory causes of importance:
Hypertension & Arteriosclerosis

Name of operation Examination 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) [Signature] M. D.
(Address) #406 Washington Bldg

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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Waldheim

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