

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.

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Co.
Township Proctor
City Carthage R2 (No. _____)

Registration District No. 410
Primary Registration District No. 5566

File No. 14983
Registered No. 5 Ward _____

2. FULL NAME

Charles Donald Frost

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Whk 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) Jan. 27th 1935

7. AGE YEARS 3 MONTHS 1 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Jasper Co. Mo.

FATHER
13. NAME Clarence Frost

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

MOTHER
15. MAIDEN NAME Lena Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

17. INFORMANT (ADDRESS) Clarence Frost

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cem DATE 3/16

19. UNDERTAKER (ADDRESS) Veeter Bros
Jasper Mo

20. FILED April 27 1938 Clara E. Carms
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-5-38, 19 to 3-15-38, 19

I last saw him alive on 3-13-38, 19 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronch) Date of onset 3-4-38

Other contributory causes of importance: 10!
Bilateral Purulent Otitis Media 3-5-38

meningismus 3-11-38

Name of operation _____ Date of _____
What test confirmed diagnosis? Spec 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? _____
If so, specify _____

(Signed) Walter M. Howard, M. D.
(Address) Carthage, Mo

