WHITE 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.

X7294

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

REC'D JUN 14 1938 500

Do not use this space.

17754

1. PLACE OF DEATH
County Buchanan 1 Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. St. Hospital 2 St. Ward)

File No.
Registered No. 530

2. FULL NAME Arthur Frakes 622
(a) Residence, No. Worth Co. St., Ward. Worth Co Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 6 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): Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)? 1861
7. AGE: YEARS 77 MONTHS 2 DAYS ? If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
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) Missouri 0

FATHER
13. NAME Gabriel Frakes 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 1

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City Mo. DATE 5/17 1938
19. UNDERTAKER (ADDRESS) Jack C. Dunfee Grant City Mo.
20. FILED 5-17 1938 H J Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938
22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938, to May 17, 1938
I last saw him alive on May 17, 1938. Death is said to have occurred on the date stated above, at 11 15 A.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset ?

97

Other contributory causes of importance:

Senility

Name of operation Date of
What test confirmed diagnosis? Clin 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) R. Kuhlman, M. D.
(Address) State Hospital No 2.