

REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Marion
City Madison

Registration District No. 579
Primary Registration District No. 4341

File No. 18914
Registered No. Susie Dykes Frank

2. FULL NAME

Susie Dykes Frank

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

1-5-0
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1938

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joshua Craig Frank

22. I HEREBY CERTIFY, That I attended deceased from Aug 1931, to _____, 19____
I last saw her alive on May 15 1938 Death is said to have occurred on the date stated above at 10:05am.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1860

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 5 26

acute dilation of the heart Date of onset 5-26-38

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance Myocarditis Hypertension 1931
1931

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portville Mo

13. NAME Sydney J. Dykes

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

15. MAIDEN NAME Maria Parter

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

17. INFORMANT Mr. J. C. Frank (ADDRESS) Madison, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE May 29 1938

19. UNDERTAKER Fred C. Thompson (ADDRESS) Madison, Mo

20. FILED 5776 38 Mrs. F. W. Thompson Registrar. 512

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) A. T. Turner, D.O.
(Address) Madison, Mo

Exact statement of OCCUPATION is very important.

