REC'D JUL 11 1938

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

22508
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid
(b) Township EAST
(c) City Sikeston
Registration District No. 821
Primary Registration District No. 5501
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Frohock
(a) Residence, No. R2 St. 620
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Frohock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3-1865

7. AGE: Years 72 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House work
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) Unknown 9

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

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

17. INFORMANT (ADDRESS) Tom Frohock Sikeston, R 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 6-19 1938

19. FUNERAL DIRECTOR (ADDRESS) Welsh Funeral Home Sikeston, Mo

20. FILED 7-7 1938 Mort Russell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1938 1:30P

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1938, to 6-19 1938
I last saw her alive on 6-19 1938 Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6-18-38
Bronchial Pneumonia	6-11-38
9 J N	

Other contributory causes of importance:
Hypertension, Heart Disease
Mitral Stenosis
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

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) Merlin H. Anderson, M. D.
(Address) 130 Front St. Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Welsh Funeral Home, Licensed Embalmer No. 3774

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Henry S. Welsh

L. E. Likeston, Mo.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed L. J. Welsh

Licensed Embalmer No. 774

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)