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.

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

Do not use this space.

REC'D AUG 23 1938

1. PLACE OF DEATH
County Bates
Township
City Amsterdam (No. ..... St. ..... Ward)

Registration District No. 49
Primary Registration District No. 4029

File No. 24645
Registered No.

2. FULL NAME Frank W. LaFollette

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Npra LaFollette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	2	25	

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Ind Iowa

FATHER
13. NAME Walter B. LaFollette
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ind.

MOTHER
15. MAIDEN NAME Julia Dodd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ind.

17. INFORMANT (ADDRESS) Mrs Nora LaFollette Amsterdam Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butler DATE 8-10-38, 19

19. UNDERTAKER (ADDRESS) Archer & Mangold Amsterdam Mo.

20. FILED Aug. 11, 1938 Grace L Smiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12 1938, to Aug 8, 1938
I last saw him alive on Aug 4, 1938 Death is said to have occurred on the date stated above, at 9 45 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:
Chronic interstitial nephritis —

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?
If so, specify
(Signed) Chas. A. Lusk Jr., M. D.
(Address) Butler, Mo.