

DEPT SEP 20 1938

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

Do not use this space.

1. PLACE OF DEATH

8

County
Township
City

Benton²
Fristoe

Registration District No.
Primary Registration District No.

64
57 00

File No. 28259
Registered No. 56
St. Ward

2. FULL NAME

Frank B. Ochsner 25 1/2

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
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 Elizabeth Ochsner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1863

7. AGE YEARS 75 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

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

13. NAME Martin Ochsner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT H. P. Ochsner (ADDRESS) Fristoe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fristoe Mo DATE Aug 18 1938

19. UNDERTAKER J. R. Luckey (ADDRESS) Wheatland Mo

20. FILED Aug 17 1938 M. C. Watson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to Aug 17 1938
I last saw him alive on Mar 1 1938 Death is said to have occurred on the date stated above, at P. A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage and sequelae - 3 1/2 yrs ago
Other contributory causes of importance: 131

Ethnic Interstitial nephritis 1925

Name of operation none Date of -
What test confirmed diagnosis? clinical 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 James T. Logan, M. D.
(Signed) Warsaw Mo
(Address)

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-26

Date Filed 9-12-38