

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

Do not use this space.

31359

1. PLACE OF DEATH Jackson 15 1938
 County Jackson Registration District No. 399
 Township Taw Primary Registration District No. 1002
 City K. C. Mo. (No. 4421) Cludge Ave St. 623 (Ward)

2. FULL NAME David J. Frost
 (a) Residence, No. 4421 Cludge Ave St. 623 Ward. (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.

File No. _____
 Registered No. **3656**

PERSONAL AND STATISTICAL PARTICULARS

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

5A-IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Frost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1873

7. AGE YEARS 65 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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. Barber
 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) N. Y.

MOTHER 13. NAME not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER 17. INFORMANT Mrs Frost
 (ADDRESS) 4421 Cludge Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah DATE 9-20 1938

19. UNDERTAKER Sheil Funeral Home
 (ADDRESS) 6606 Cludge Ave

20. FILED Sept 19, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1938

I HEREBY CERTIFY, That I attended deceased from Dec 12 1934 to Dec 17 1938
 I last saw him alive on Dec 31 1937. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
mitral insufficiency 1934
1934

Other contributory causes of importance:
thromboplegia 1934

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: Not
 Accident, suicide, or homicide? Not 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? Not
 If so, specify _____
 (Signed) Kellaghan _____, M. D.
 (Address) 6045 East 12th
Kansas City, Mo

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.

