REC'D DEC 16 1938

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

Do not use this space.

File No. 39772

Registered No.

1. PLACE OF DEATH

County Marion — Registration District No. 547

Township Mason — Primary Registration District No. 3029

City Hannibal (No. St Elizabeth Hospital St. 301 Ward)

2. FULL NAME Frank Ely See

(a) Residence, No. 3010 Moberly Ave St., Ward.
(Usual place of abode) (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

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~~: Olive

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July. 12. 1888

7. AGE: Years 50 | Months 4 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Perry Mo

FATHER

13. NAME: George See

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER

15. MAIDEN NAME: Lou. Wilson

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

17. INFORMANT: Olive See
(ADDRESS) 3010 Moberly Ave Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet Cem DATE Nov. 16. 1938

19. UNDERTAKER: James O'Dorrell
(ADDRESS) Hannibal Mo

20. FILED Nov 18 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Nov 14 1938

I last saw him alive on Nov 13 1938. Death is said to have occurred on the date stated above, at 6 a m.

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

	Date of onset
Cholecystitis, appendicitis	

Other contributory causes of importance: Liver Failure

Name of operation Cholecystectomy & Appendectomy Date of 11-7-38

What test confirmed diagnosis? Operation 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) D. Hardesty, M. D.

(Address) Hannibal Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 50M-10-22-38 T X9314