

REC'D JAN 9 1939

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

42459

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan, <sup>2</sup> Registration District No. 81  
(b) Township Bloomington, <sup>1</sup> Primary Registration District No. 5122 Registered No. 8  
(c) City DeKalb, Mo. R.F.D. # 2, St. 2,  
(d) Street No. 5 Mi. S.W., (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 38 yrs. 3 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orbia Ernest Frakes,

(a) Residence, No. 5 Mi. S.W. DeKalb, Mo. R.F.D. # 2, St. 2, (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 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 Grace Frakes,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1900  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,  
10. Date deceased last worked at this occupation (month, and year) December 1938, 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) Buchanan County, (STATE OR COUNTRY) Missouri,

FATHER 13. NAME William M. Frakes,  
14. BIRTHPLACE (CITY OR TOWN) Buchanan County, (STATE OR COUNTRY) Missouri,

MOTHER 15. MAIDEN NAME Lula Easter;  
16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Iowa,

17. INFORMANT Mrs. Orbia E. Frakes (ADDRESS) R.F.D. # 2, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Mo. Cem DATE Dec. 23rd, 1938

19. FUNERAL DIRECTOR (NAME) Heaton-Begole & Co. (ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED 12/29, 1938 J. W. McAdams <sup>81</sup> (Address) DeKalb, Mo.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22nd 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938, to Dec. 22, 1938.I last saw him alive on Dec. 22, 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Acute regurgitation  
and Pulmonary edema  
due to Syphilitic  
Syphilitic Aortitis.

Date of onset

Other contributory causes of importance:

Name of operation none Date of 0What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 0, 1938Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Ralph E. Jennings, M. D.(Address) DeKalb, Mo.

