

REC'D MAR 15 1939

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

6370

Do not use this space.

1. PLACE OF DEATH

(a) County Davies Registration District No. 255
 (b) Township Jefferson Primary Registration District No. 5357 Registered No.
 (c) City (d) Street No. St.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

636 Frank Frederick
 (a) Residence, No. Winston, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Dora Frederick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1
 7. AGE YEARS 76 MONTHS 8 DAYS 25 IF LESS than 1 day, hrs. or min.
 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.
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME Nichols Frederick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Reid
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. State

17. INFORMANT Dora Frederick
 (ADDRESS) Winston, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE Winston, DATE 2/7 1939

19. FUNERAL DIRECTOR Kate Sharp
 (ADDRESS) Winston Mo.

20. FILED 2/8/39 19 7 R. Wilson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4/39 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1936 to 2/4/39, 19.....
 I last saw him alive on 2/3, 1939 Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1934

Other contributory causes of importance:

Chronic Bronchial Asthma
Senility

Name of operation 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
 (Signed) Frederic Wilson, M. D.
 (Address) Winston, Mo.

RECEIVED

District Health Officer No. 117

District File Number 29-116

Date Filed **MAR 10 1939**

STATEMENT BY LICENSED EMBALMER

I, Virgil O. Stamp, Licensed Embalmer No. 4074
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Virgil O. Stamp
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Virgil O. Stamp
Licensed Embalmer No. 4074

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Davess Registration District No. 255
(b) Township Jefferson Primary Registration District No. 6357
(c) City _____ (d) Street No. _____ St. _____
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Frederick
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to _____, 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1862

I last saw h. _____ alive on _____, 1937. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 8 25

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

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

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

13. NAME _____

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Winston mo DATE _____ 1937

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) Mrs. Kate Sharp
Winston mo

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Fred K. Wilson, M. D.

20. FILED April 3, 1937 F. K. Wilson
Local Registrar

(Address) Winston mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTAL COPY

