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.

REC'D JUL 6 1939

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

Do not use this space.

1. PLACE OF DEATH
County Howell — Registration District No. 385 — File No. 22262
Township — Primary Registration District No. 4228 — Registered No.
City Willow Springs, Mo. (No. , St. Ward)

2. FULL NAME Phillip Henry Frommel. 654
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 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 Mary Ann Hymer.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th. 1854
7. AGE: YEARS 84 — MONTHS 8 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Frisco
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. employe
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scranton Penn 9

FATHER
13. NAME Dont Know 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs Amy Wyreck Willow Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE 6-26 1939
19. UNDERTAKER (ADDRESS) Burns & Son. Willow Springs, Mo.
20. FILED 6-26 1939 Nanette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24 - 1939
22. I HEREBY CERTIFY, That I attended deceased from 11-25- 1937, to 6-24- 1939
I last saw him alive on 6-24- 1939. Death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1935
38	
Other contributory causes of importance:	
Chronic Malaria	1925
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? no
If so, specify
(Signed) D. F. Dalliban, M. D.
(Address) Willow Springs, Mo