

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

35353
Do not use this space.

1. PLACE OF DEATH
 (a) County Andrew Registration District No. 13
 (b) Township 4010 Primary Registration District No. 4010 Registered No. 60
 (c) City Savannah (d) Street No. Dr. Nichols Sanatorium 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. 6 ds. (f) How long in U.S., if of foreign birth? 30 yrs. mos. ds.

2. PRINT FULL NAME Frank Svoboda
 (a) Residence, No. St Paul - Nebr. St. St Paul Nebr.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>exact date unknown</u>		
7. AGE <u>about 89</u>	YEARS	MONTHS	DAYS	8. If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farming</u>			
	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) <u>1919</u>		11. Total time (years) spent in this occupation <u>30</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czechoslovakia</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT (ADDRESS) <u>Her Zlosky St Paul Nebr.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Paul Nebr.</u> DATE <u>Oct. 11, 1939</u>				
19. FUNERAL DIRECTOR <u>Frank A. Bowman</u> (ADDRESS) <u>Savannah Mo.</u>				
20. FILED <u>Oct. 11, 1939</u> <u>Mrs. Jennie Rash</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 11, 1939</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 6, 1939</u> , to <u>Oct 11, 1939</u> . I last saw him alive on <u>Oct 11, 1939</u> . Death is said to have occurred on the date stated above, at <u>10:30 a. m.</u>
The principal cause of death and related causes of importance were as follows: <u>acute Broncho-Pneumonia</u> <u>10/7/39</u>	
Other contributory causes of importance: <u>Senility</u>	
Name of operation <u>none</u>	Date of <u> </u>
What test confirmed diagnosis? <u>Physiologist</u> <u>no</u> autopsy?	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u> </u>	Nature of injury <u> </u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u> (Signed) <u>D. E. Mithum</u> , M. D. (Address) <u>Savannah Mo.</u>	

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.

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NOV 8 1939

STATEMENT BY LICENSED EMBALMER

I, W.E. Summerfield, Licensed Embalmer No. 3007
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me Oct 11, 19

..... L. E.
No. or by, Registered Apprentice No. —
working under my personal supervision.

Signed W.E. Summerfield
Licensed Embalmer No. 3007

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.)