

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

Do not use this space.

26250

**1. PLACE OF DEATH**

County Cooper

Registration District No. 218

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3015

Registered No. 94

City Boonville

(No. \_\_\_\_\_) Ward \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frank J. Gantner

(a) Residence. No. \_\_\_\_\_ 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 Mary Gantner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27<sup>th</sup> 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8 3

8. OCCUPATION OF DECEASED Brick Mason Laborer  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Andrew Gantner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden  
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Rosa Dringer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alspach  
(STATE OR COUNTRY) Germany

14. INFORMANT Joe Gantner  
(Address) Boonville Mo.

15. FILED Aug 30 1930 F. R. Smiley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 17 1930, to Aug 30 1930  
that I last saw alive on Aug 25 1930, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Finding

(Signed) T. Becker M. D.

8-30-1930 (Address) Boonville, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Catholic Cemetery

20. UNDERTAKER Schurtyky Meister

DATE OF BURIAL

Sept. 1<sup>st</sup> 1930

ADDRESS

Boonville

Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

