

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

Do not use this space.

34399

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Keok Primary Registration District No. 1002  
 City Keok (No. 42 General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4113  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3116 E 15<sup>th</sup> St. 11 Ward \_\_\_\_\_

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry W. Mo.

13. NAME Frank Thork

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Mo.

15. MAIDEN NAME Carapace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Mo.

17. INFORMANT (ADDRESS) Reva Clark R.C. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Oct 9 1921

19. UNDERTAKER (ADDRESS) Peter B. Kapiteva R.C. Gen. Hosp.

20. FILED 10/9 31 M. M. Lawrence Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1921

22. I HEREBY CERTIFY, That I attended deceased from March 1920 to 10-8 1921  
 I last saw h. u alive on 10-8 1921. Death is said to have occurred on the date stated above, at 8:15 a. m.  
 The principal cause of death and related causes of importance were as follows:

Pyelitis Date of onset \_\_\_\_\_

Other contributory causes of importance: Spina Bifida

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chem. and 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 P. B. Williams M. D.  
 (Signed) \_\_\_\_\_ (Address) Sup. R.C. Gen. Hosp. Keok Mo.

WHITE PLAIN, 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.