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

Adams

Do not use this space.

32634

File No. 36

Registered No.

1. PLACE OF DEATH

County: Bardwin

Town Twp. Salisbury

City: (No. St. Ward)

Registration District No. 79

Primary Registration District No. 5036

2. FULL NAME: Florence Frame

(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 (OR) WIFE OF: Lydia Frame

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-12-1884

7. AGE: Years 43 | Months 2 | Days 0 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Joseph Frame

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Mo.

12. MAIDEN NAME OF MOTHER: Laura Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Mo.

14. INFORMANT: John T. Frame
(Address): Centralia Mo

15. FILED: 11/14, 1927 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 12 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Was found shot in chest with shot gun, was supposed to be accidental.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Coroner Jury. (Almost certain)
(duration) yrs. mos. ds.

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? Coroner

(Signed) S. C. Adams M.D.

, 19 (Address) Mexico Mo. Audrain Co 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: Liberty Church Cem

DATE OF BURIAL: Nov 14 1927

20. UNDERTAKER: M. J. McDonald

ADDRESS: Centralia 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.