

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

Do not use this space.

35069

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **4938^a**) **Potomac**

File No.....
 Registered No. **10046**
 St..... Ward.....

2. FULL NAME

Marie K. Frank

(a) Residence. No. **4938^a** **Potomac** St., **15** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **P. A. Frank**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 21 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. ____ min.
37 | 3 | 20

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

9. BIRTHPLACE (CITY OR TOWN) **Miss**
 (STATE OR COUNTRY)

10. NAME OF FATHER **P. Sisk**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Canada**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary Wedder**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Miss**
 (STATE OR COUNTRY)

14. INFORMANT **P. A. Frank**
 (Address) **4938^a Potomac**

15. FILED **12 1928** **May 6 Starvoff**

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 11 1928**

17. I HEREBY CERTIFY That I attended deceased from **August 28**, 19**28**, to **October 11**, 19**28**, that I last saw her alive on **October 11**, 19**28**, and that death occurred, on the date stated above, at **12:15 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis with extreme Acidosis
131
143 B (duration) **about two** yrs. mos. da.
 CONTRIBUTORY (SECONDARY) **Pregnancy of Endocrine inefficiency** (duration) **about 2 1/2** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? **at place of death**

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Sept = 15, 1928**
 WAS THERE AN AUTOPSY? **No**
 WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory tests Bacteriological Chemical and Microscopic**
 (Signed) **W. F. McConkey**, M. D.
 , 19 (Address) **5143 Maple St. St. Louis**

*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 **Montello Miss.** DATE OF BURIAL **Oct 16 1928**

20. UNDERTAKER **Philander Craig Washington**

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.

WHILE THIS IS A PERMANENT RECORD

REGISTRAR

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 10046 (Ward)

2. FULL NAME

Marie K. Frank
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

8. OCCUPATION OF DECEASED

- (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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED SEC - 7 1928 Marie K. Frank REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 19 28

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

Interstitial nephritis with extreme acidosis non-diabetic from pregnancy (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chronic Inter. Nephritis Information given over phone by Dr. W. H. McConkey (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? Div. of W. S. 12-3-28

IF NOT AT PLACE OF DEATH..... DATE OF.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

19. WAS THERE AN AUTOPSY?.....

WHAT TESTS CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

INK---THIS IS A PERMANENT RECORD

N. B. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-35069

CONFIDENTIAL - SECURITY INFORMATION

