FEB 21 1929

39
6
5

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

Do not use this space.

1096

1. PLACE OF DEATH
County Greene — Registration District No. C. E. Fuller 318
Township — Primary Registration District No. 2001
City Springfield (No. 5 Elm Pine St. Ward)
File No.
Registered No. 32

2. FULL NAME Richard Lee Frantham (Trantham)
(a) Residence. No. 5 Elm Pine 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: [illegible]
4. COLOR OR RACE: [illegible]
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1 — 4 — 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	1	0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(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): Mo.

PARENTS
10. NAME OF FATHER: Alvan Frantham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Bertha Brock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Alvan Frantham
(Address) 5 Elm Pine

15. FILED 1/9, 1929 O C Horst Mse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 — 5 — 1929

17. I HEREBY CERTIFY, That I attended deceased from 1 — 4 — 1929, to 1 — 5 — 1929 that I last saw him alive on 1 — 5 — 1929 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes
160
1 [illegible] 1 [illegible]
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): Histrectomy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (see supplement) for information
IF NOT AT PLACE OF DEATH? L.S.P.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Fuller, M. D
1/7, 1929 (Address) Springfield 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: East Lawn
DATE OF BURIAL: 1 — 7 — 1929

20. UNDERTAKER: W L Harne
ADDRESS: Walnut Meekin

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.

[illegible], WITH UNFADING INK—THIS IS A PERMANENT RECORD

requested to make every effort to obtain the following [illegible]
cated by check marks, lacking from the death certificate:

Name: Richard Lee Frantham

Who died at: Springfield, Mo, on Jan. 5, 1929.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 161B

Birthplace of mother (State or country) _____

CAUSE OF DEATH: ~~Diabetes~~ Cerebral
Hemorrhage following Slow and hard Delivery

Contributory: ~~Hysterectomy~~
following Confinement

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? What test confirmed [illegible]

7601-5