

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

Do not use this space.

38391

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **St. Lukes Hospital**) St. Ward)

File No.
 Registered No. **10766**

2. FULL NAME **Frank Wingfield**

(a) Residence. No. **Rolla, Mo.** St. **12** Ward. **Rolla, Mo.**
 (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 **Lelia Wingfield.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 31 1875**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	54	0	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Salesman**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Cigars**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Salem**
 (STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **John S. Wingfield.**

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

12. MAIDEN NAME OF MOTHER **Amanda Verhine.**

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

14. INFORMANT **Dr. W. S. Smith**
 (Address) **Rolla, Mo.**

15. FILED **NOV - 3 1929** **May O. Parker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **11-2** 19**27**

17. I HEREBY CERTIFY, That I attended deceased from **Jan. 15** 19**27** to **Nov. 2** 19**27** that I last saw him alive on **Nov. 2** 19**27**, and that death occurred, on the date stated above, at **9:30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Lung.

41449
107A (duration) **1** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Broncho Pneumonia**
 (duration) yrs. mos. **3** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **07-31, 1927**

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS **X-Ray, Pathological**
 (Signed) **Howard A. Rusk M.D.**
 (Address) **3720 Washington**

*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 **Salem Cemetry Rolla Mo** DATE OF BURIAL **11/5/27 1929**

20. UNDERTAKER **Harry McCann** ADDRESS **Rolla, 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.

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