

MAP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 405 South 6th, St. _____ Ward)

4180

File No. _____
Registered No. 250

2. FULL NAME Frank Stivers,

(a) Residence. No. 405 South 6th, St. _____ Ward. Sterling, Nebr.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About yr. 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 55 Unk. Unk.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

10. NAME OF FATHER Unknown,

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

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT Pilcher Hotel Records,
Address 405 South 6th St.

15. FILED 28 1930 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1930

17. Viewed on
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 10:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by Strychnine Poisoning
at Pilcher Hote, St Joseph Mo.

CONTRIBUTORY (SECONDARY) 165
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) [Signature] Coroner _____ M. D.

2/28 1930 (Address) St Joseph 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 DATE OF BURIAL
City Cemetery Feb. 28, 1930

20. UNDERTAKER ADDRESS
Sheaton-Bellevue & Bowman 319 S. 10 St.
Funeral Home

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.

