

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

Do not use this space.

5335

1. PLACE OF DEATH

County Jasper
Township Jasper
City Carl Junction (No. _____)

Registration District No. 406
Primary Registration District No. 4240

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Frank Mathias Temple

(a) Residence. No. _____ St. 2 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 Mrs Anna B Temple

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 4 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Transfer
(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) Dallas Co. Mo

PARENTS

10. NAME OF FATHER William Henry Temple

(STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Mary Alexander

(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Anna B Temple
(Address) Carl Junction Mo

15. FILED 2/19 30 C W Roney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1929, to Oct 16 1930
that I last saw him alive on Nov 4 1929, and that death occurred, on the date stated above, at Carl Junction Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY (SECONDARY) Myo Carditis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Illness
IF NOT AT PLACE OF DEATH _____
(duration) 1 yrs. mos. ds.

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinary Analysis
(Signed) A. Carpenter, M. D.

2-18-1930 (Address) 717 Duane St Jplm 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 Carl Junction DATE OF BURIAL Feb 19 1930

20. UNDERTAKER Steele Und. Co. ADDRESS Webb City 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.

MAR 27 1930

Dr. R. V. Carpenter
Fresno, Calif.