

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

Do not use this space.

31289

**1. PLACE OF DEATH**

114 County Washington Registration District No. 908  
Township North Grove Primary Registration District No. 4544  
City Putnam (No. 6222) St. Putnam Ward 1

File No. \_\_\_\_\_  
Registered No. 71

**2. FULL NAME**

Frank Alton Pomperien  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Putnam Mo (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14 - 1904</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>0</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Mo</u>		
FATHER	13. NAME <u>Herman Henry Dethler Pomperien</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Emeline Kefler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
17. INFORMANT <u>A. H. D. Pomperien</u> (ADDRESS) <u>Putnam Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Putnam Co. Mo</u>	DATE <u>9-12-1932</u>
19. UNDERTAKER (ADDRESS) <u>Butler Funeral Home, Des Moines</u>		
20. FILED <u>9/30</u> 19 <u>32</u> <u>J. H. Suber</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12/11 1932

22. I HEREBY CERTIFY, THAT I attended deceased from Sept 1 1932 to Sept 10 1932  
I last saw him alive on Sept 7 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Sarcana of spleen  
53R 53E  
Other contributory causes of importance:  
①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) R. J. Ryan, M. D.  
(Address) Putnam Grove

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

S. NO. 2

