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

Do not use this space.

1. PLACE OF DEATH
County: Green (39) Registration District No.: 318 File No.: 39276
Township: (3) Primary Registration District No.: 12001 Registered No.: 901
City: Springfield (5) (No. Baptist Hospital St. Ward)

2. FULL NAME: Frankie Leon Rethford

(a) Residence, No. Fordland 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. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 23 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 20-May-32

7. AGE: Years 0 Months 6 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fordland Mo

FATHER
13. NAME: Frank Rethford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fordland Mo

MOTHER
15. MAIDEN NAME: Mary E. Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT: Frank Rethford
(ADDRESS) Fordland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fordland DATE 12-20 1932

19. UNDERTAKER: E. F. Stapp & Son
(ADDRESS) Fordland

20. FILED 12-19 1932 R W Faughn
Registrar.

MEDICAL CERTIFICATE OF DEATH

(3)

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15-, 1932, to 12-19-, 1932
I last saw h~~im~~ alive on 12-18-, 1932. Death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 9 1932
Meningitis Pneumococ	
Sic 10 D	
" 8 D	
" 7 D	

Other contributory causes of importance:
Pneumonia - chronic med.
(1)

Name of operation: Date of:
What test confirmed diagnosis? Lab Was there an autopsy? No

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) J D Muzick M. D.
(Address) Springfield 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. 318 File No. .....

Township ..... Primary Registration District No. 2001 Registered No. 901

City Springfield (No. ..... St. ..... Ward)

2. FULL NAME Frankie Leon Rethford

(a) Residence, No. ..... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

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

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

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. UNDERTAKER ..... (ADDRESS)

20. FILED 2-13, 1933 Ralph Whipton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis —	
pneumococcic	

Other contributory causes of importance:

Pneumonia — Otitis
Media
Broncho Pneumonia

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? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

SUPPLEMENTARY

5-39276