

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

Do not use this space.

FEB 27 1934
49
75

1565

1. PLACE OF DEATH

County Gasper

Registration District No. 408

Township Carthage

Primary Registration District No. 3020

City Carthage

(No. 1102 S Garrison)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Arthur Mack Frost

(a) Residence, No. 1102 S Garrison St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1934

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

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1934, to Jan 17, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11-1872

I last saw him alive on Jan 17, 1934. Death is said to have occurred on the date stated above, at 3:25 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 10 6

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

Chronic myocarditis Date of onset 1928

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

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 _____

Other contributory causes of importance: Intestinal Stasis from old gastro-intestomy which was done 8 yrs ago at Mayo Clinic for gastric ulcer.

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

13. NAME Winter Frost

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

15. MAIDEN NAME Brothula Johnson

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

17. INFORMANT Mrs. Alta Frost (ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville Mo DATE 1-20, 1934

19. UNDERTAKER Wm. - Almer (ADDRESS) Carthage Mo

20. FILED Jan 20, 1934 S. B. Shipton Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) George H. Wood, M. D. (Address) Carthage Mo

