

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

Do not use this space.

1569

**FEB 27 1934**

**1. PLACE OF DEATH**

County Jackson Registration District No. 408  
 Township Madison Primary Registration District No. 3020  
 City Carthage (No. .... St. .... Ward)

**2. FULL NAME**

Frank J. Follmer  
 (a) Residence, No. 603 E. 3rd St., Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Minnie Follmer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1882  
 7. AGE YEARS 51 MONTHS 11 DAYS 7 If LESS than 1 day, .... hrs. or .... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Auto Supply Co.  
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Jan 18, 1934  
 I last saw him alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 2:14 m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis Date of onset  
Chronic myocarditis  
 Other contributory causes of importance:  
Terminal Pulmonary  
oedema.

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Missouri  
 FATHER 13. NAME Frank Follmer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Missouri  
 15. MAIDEN NAME Julius Deen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Missouri  
 17. INFORMANT Mrs. Minnie Follmer  
 (ADDRESS) 603 E. 3rd - Carthage, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE First Cemetery DATE Jan. 20, 1934  
 19. UNDERTAKER Walter W. Hartman  
 (ADDRESS) Carthage, Missouri  
 20. FILED Jan 19, 1934 S. B. Clinton  
 Registrar.

Name of operation none Date of  
 What test confirmed diagnosis? none 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) Lloyd B. Clinton, M. D.  
 (Address) Carthage, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

