JUL 23 1936

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

Do not use this space.

23427

1. PLACE OF DEATH
County Lawrence
Township Spring River
City ~~Verona~~ (No. ....., ..., St. ....., Ward)

Registration District No. 475
Primary Registration District No. 5639

File No. .....
Registered No. .....

2. FULL NAME Mary Leona Frost

(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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	6	16	

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. Housewife
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) Unknown

FATHER
13. NAME M. Y. May
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdy, Missouri

MOTHER
15. MAIDEN NAME Sarah Bowlen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ora Boone
(ADDRESS) Tulsa, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL
PLACE 6/30/36 Spring River Cenetery DATE ....., 19..

19. UNDERTAKER W. R. Wilks, Verona, Mo.
(ADDRESS)

20. FILED 7-1-, 1936 G. J. Ruding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936, to June 28, 1936
I last saw her alive on June 28, 1936 Death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart & respiratory failure	
Carcinoma of liver	
Chronic arthritis	

Other contributory causes of importance:

No

Name of operation Physical & Lab. Date of .....
What test confirmed diagnosis? findings 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) W. E. Hendren M. D.
(Address) Verona, Mo.