

REC'D APR 23 1938

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

9579

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township New Primary Registration District No. 100  
 (c) City Kennett Mo (d) Street No. 406 W. 5th Registered No. 1044  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Frank E. Ceyner Ceyner 560  
 (a) Residence, No. 406 West 5th St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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 Unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
about 70

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown  
 9. Industry or business in which work was done, as 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) Unknown 913. NAME Unknown 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 915. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Records Coroner of Jackson Co Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE 3/2 193819. FUNERAL DIRECTOR A. Seltzer (ADDRESS) 981 East 5th St20. FILED Mar 7 1938 M. M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 193822. I HEREBY CERTIFY that I attended deceased from 19 19I last saw him Deputy Coroner, 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:

Chronic myocarditis  
Congestion & Edema of lungs  
 Other contributory causes of importance: 93c

Name of operation Autopsy Date of YesWhat test confirmed diagnosis Autopsy Was there an autopsy Yes23. 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. M. Brown M. D.(Address) Ken Hosp. N.C. 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.

