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.

REC'D MAY 18 1938

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

Do not use this space.

14476

1. PLACE OF DEATH

County Daviess — Registration District No. 254 — File No. 7

Township Marion — Primary Registration District No. 5355 — Registered No.

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

2. FULL NAME Marion Frost 623

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Virgil Frost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1913

7. AGE: YEARS 24 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) April 1937
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri 0

FATHER

13. NAME Ed Lake 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Gertrude Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Christie Fossinger R F D 4 Gallatin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Civil Bend Cem. DATE Jan. 30 1938

19. UNDERTAKER (ADDRESS) Hope Furn. & Und. Co., Gallatin, Mo.

20. FILED Feb 10 1938 Frances C Sutton Registrar. 231

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937, to Jan 29th 1938

I last saw her alive on Jan 27th 1938 Death is said to have occurred on the date stated above, at 11 A m.

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

Pulmonary Tuberculosis Jan 1937

Date of onset

23 A

Other contributory causes of importance:

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) [signature] M. D.

(Address) Jameson, Mo