

DESD MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Stolt Registration District No. 371
Township Clay Primary Registration District No. 4217
City Maitland (No.) St. Ward

File No. 14992
Registered No. 45

2. FULL NAME

Mollie Louise Frank

(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 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Frank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Jacob Marohn

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

15. MAIDEN NAME Louise Marohn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT L. Leeper (ADDRESS) Maitland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham 100th DATE 4-16 1939

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Maitland, Mo.

20. FILED 4-15 1939 Vern B. Stueb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1939 to April 14 1939

I last saw her alive on Apr 14 1939 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Senile gangrene of left foot due to endarteritis.

Other contributory causes of importance: ggb

Name of operation Date of
What test confirmed diagnosis? 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) R.M. Liller, D.O. M.D.
(Address) Maitland, Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

100-1-20-38 I X7044

CLASSIFICATION NO. 39-423

Date Filed MAY 4 1939