

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.

JUN 13 1935

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

Do not use this space.

19661

1. PLACE OF DEATH

County JACKSON
Township RAW
City KANSAS CITY

Registration District No. 399
Primary Registration District No. 1002
(No. 820 WEST-72ND)

File No. _____
Registered No. 2239
St. _____ Ward _____

2. FULL NAME

CHARLES HENRY FRAIN

(a) Residence, No. 820 WEST-72ND St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 MRS. BELLE B. FRAIN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-22-1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ENGINEER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FRISCO RAILROAD
10. Date deceased last worked at this occupation (month and year) APRIL-1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) SAMAR COUNTY
(STATE OR COUNTRY) PENNSYLVANIA

FATHER 13. NAME HENRY H. FRAIN

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. BELLE B. FRAIN
(ADDRESS) 820 WEST-72ND ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ELMWOOD DATE JUNE-6-1935

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED June 5 1935 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-4-1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1935 to June 4 1935
I last saw h. in alive on June 3 1935 Death is said to have occurred on the date stated above, at 10:40 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
My own diagnosis: wife of deceased - heart
Other contributory causes of importance: 93

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) E. M. M. Brown M. D.
(Address) 1003 1/2 Sharp Bldg. Kansas City, Mo.

11:30-1 ; 4-5 -18. 8-11 4 2.

JAN 23 1947

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 37

Township.....

Primary Registration District No. 2

City Kennett (No. 820, W, 72nd)

File No.

Registered No. 2297

St. Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward.

(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)

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

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

7. AGE YEARS MONTHS DAYS

If LESS than
day,
or min.

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER
(ADDRESS)

20. FILED 19 35 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-1937

22. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....

I last saw him alive on 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:

Myocarditis
Chronic

Date of onset

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) E. Mather, M. D.

(Address)

19961-5