

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

City.....

St. Louis
A 15 355

791

1003

3017

File No.....

Registered No.....

216

2. FULL NAME

Frank Rvington

(a) Residence, No.....

(Usual place of abode)

213 54

St.....

Ward.....

City St. Louis
Whittemore

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 7-1862*

7. AGE YEARS *73* MONTHS *4* DAYS *28* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retail*

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) *Merriam*

13. NAME *Union Rvington*

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

15. MAIDEN NAME *Cora Hampton*

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

17. INFORMANT *Joseph M. Rees* (ADDRESS) *City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Em. Farmington* DATE *Jan 8 1936*

19. UNDERTAKER *E. J. Schum* (ADDRESS) *3125 Lafayette Ave*

20. FILED *JAN - 7 1936* *J. A. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/4* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *11* 19*36*, to *1/4* 19*36*

I last saw him *alive* on *1/4* 19*36* Death is said to have occurred on the date stated above, at *11:30 a.m.*

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

Carcinoma of skin of nose Date of onset *1931*

52

Other contributory causes of importance: *Metastatic Carcinoma of neck*

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) *H. H. Battles* M. D.

(Address) *City St. Louis*

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.

