

FEB 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Washington Co.  
Township Grand  
City Grand (No. 1)

Registration District No. 1  
Primary Registration District No. 1

File No. 4749  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ella Frame

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? 4 yrs. 2 mos. 2 ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|   |                              |   |
|---|------------------------------|---|
| 3. SEX<br><u>F</u>  | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF <u>John Frame</u><br>WIFE OF <u>John Frame</u> |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1882</u>                                       |                              |   |
| 7. AGE YEARS<br><u>54</u>   | MONTHS<br><u>1</u>           | DAYS<br><u>24</u>   |
| If LESS than 1 day, _____ hrs. or _____ min.  |                              |   |

|   |  |
|---|--|
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>               |
|   | 10. Date deceased last worked at this occupation (month and year) <u>Dec. 17 35</u>                          |
| 11. Total time (years) spent in this occupation <u>34</u> |  |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo13. NAME Joseph Brinkler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Harris Keifer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT John Frame18. BURIAL, CREMATION, OR REMOVAL  
PLACE Big River DATE Sept. 20<sup>th</sup> 193619. UNDERTAKER Alvin W. Hoop20. FILED 7-28-36 J.P. Hoop  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1935 to Sept 18 1936I last saw her alive on Sept 15 1936 Death is said to have occurred on the date stated above, at 9:20 A.M.

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

MyocarditisDate of onset 8

Other contributory causes of importance:

Chronic nephritis  
HypertensionName of operation none Date of \_\_\_\_\_What test confirmed diagnosis clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? + Date of injury 1936Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. 2Manner of injury 2Nature of injury 224. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) John W. Hoop M. D.(Address) Leadwood, 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.

OCT 6 1944