

OCT 28 1930

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

Do not use this space.

29309

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 134

Township First

Primary Registration District No. 4070

City Jackson Mo (No.)

File No.

Registered No. 58

St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.

(Usual place of abode)

(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

Male

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

Carolina Frensdorf

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

Sept 9, 1851

7. AGE

YEARS 78

MONTHS 11

DAYS

23

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Egg & Mills Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Gottlieb Frensdorf

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Not Known

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

H. Frensdorf
Cape Gir Mo.

15.

FILED

19

D. G. Siskens

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 11 1930 to Sept 2 11 1930 that I last saw him alive on Sept 1 1930 and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Harter-Schistos

97

about 3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

None

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at home

19. DID AN OPERATION PRECEDE DEATH? DATE OF

No

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Seabrook, M. D.

9-3-30 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Russell Heights

Sept 4 1930

20. UNDERTAKER

ADDRESS

McCombs Funeral Home

Jackson Mo.

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.

