

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.

AUG 22 1934

misplaced found

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

Do not use this space.

~~157~~
673 A

1. PLACE OF DEATH
County Cooper Registration District No. 227
Township North Mountain Primary Registration District No. 6309
City Frank (No.) St. Ward)

2. FULL NAME Frank Strick Jodden
(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 - 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cooper Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Strick Jodden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Katherine Stutz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co Mo
(STATE OR COUNTRY)

14. INFORMANT Rosa Fey
(Address) California Mo

15. FILED 1-16-31 A. K. Meredith
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1937

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 Dec
22, 1930, to Jan 16 Dec
31, 1931, that I last saw him live on 1-7-16, 1931, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilitic Fever
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMS DIAGNOSIS
(Signed) A. K. Meredith, M. D.
1-16-1931, (Address) Pranic House 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 Adron Cath Cem DATE OF BURIAL 1-18-37

20. UNDERTAKER J. Williams ADDRESS California Mo

