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

Do not use this space.

30185

File No. 87

Registered No. 13

1. PLACE OF DEATH

94 County St Francois Registration District No. 772

4 Township 11 Primary Registration District No. 4163

6 City Elvins Mo. (No.) (St.) (Ward)

2. FULL NAME Frank Bell Resinger

(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.

OCT 28 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30th 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	11	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Resinger

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Herman Resinger

(Address) Elvins Mo

15. FILED Oct 10 1932 Agnes Whiteside REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 — 8 1932

17. I HEREBY CERTIFY, That I attended deceased from 9 — 4, 1932, to 9 — 8, 1932 that I last saw h. alive on 9 — 8, 1932, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

I 31 (duration) 6 hours

II A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterial Hypertension, arterial sclerosis, chronic Nephritis and Nephritis. (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examp Hist

(Signed) Paul L Jones, M. D.

, 19 (Address) Elvins, 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 Parkview Cemetery

DATE OF BURIAL 10-11 1932

20. UNDERTAKER Caldwell Bros

ADDRESS Flat River 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.