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

PLACE OF DEATH

County: Knox

Township: Salt River

or Village: ~~Novelty~~

or City: ______ (No. ______ St.; ______ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

Registration District No. 446 — File No. 1843

Primary Registration District No. 5066 — Registered No. ______

FULL NAME Freeman Franklin McEndy

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR OR RACE	White
SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	married
DATE OF BIRTH	March 2, 1866 (Month) (Day) (Year)
AGE	51 yrs. 10 mos. 19 ds. If LESS than 1 day, ...hrs. or ...min.?
OCCUPATION (a) Trade, profession, or particular kind of work	Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)	Mail Carrier
BIRTHPLACE (City or town, State or foreign country)	Scotland Co Mo
PARENTS: NAME OF FATHER	J Talbert McEndy
BIRTHPLACE OF FATHER (City or town, State or foreign country)	Kentucky
MAIDEN NAME OF MOTHER	Mary Elsarbith
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Hudson

(ADDRESS) Novelty Mo

Filed Jan 21 1918 McE Hill, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 21, 1918 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jany 15, 1918, to Jany 21, 1918, that I last saw him alive on Jany 21, 1918, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

108

9 V

(Duration) ___ yrs. ___ mos. 6 ds.

Contributory (SECONDARY) ______ (Duration) ___ yrs. ___ mos. 6 ds.

(Signed) R H Coe, M. D.

Jan 23, 1918 (Address) Novelty Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 25 yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? ______

Former or usual residence: Schuyler Co Mo

PLACE OF BURIAL OR REMOVAL: Novelty

DATE OF BURIAL: Jany 23 1918

UNDERTAKER: J W Hudson

ADDRESS: Novelty Mo

WRITE PLAINLY, WITH ... and also ... "Shock," "Uremia," "Weakness," "D... definite disease ... Always ... EXACTLY. PHYSICIANS should state ... statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied ... CAUSE OF DEATH in plain terms, so that it may be properly ...

PLACE OF DEATH

MISSOURI STATE BOARD OF H
BUREAU OF VITAL STATISTIC
CERTIFICATE OF DEATH

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (NO. _____, _____ St.; _____ Ward)

[If death ... hospital or ... give its N... of street an...

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

_____, 1_____
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds.

If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

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

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191__, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____
(Month) (Day)

I HEREBY CERTIFY, that I attended decea...

_____, 191__, to _____

that I last saw h_____ alive on _____

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____

_____ (Duration) _____ yrs. _____ mos. _____

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos. _____

(Signed) _____

_____, 191__ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Ca... (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS... RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIA...
UNDERTAKER	ADDRESS