

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

Do not use this space.

20761

1. PLACE OF DEATH

County Buchanan Registration District No. 80
 Township Bushington Primary Registration District No. 5127
 City St. Joseph, Mo. (No. R. F. D. # 5, St. Joseph, Mo. St. _____ Ward _____)

File No. _____
 Registered No. 38

2. FULL NAME Charles R. Frederick

(a) Residence. No. R. F. D. # 5 St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 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) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 ? ?

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) Costin

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Marion County,

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Frederick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Sarah McCoy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Ohio

14. INFORMANT Mr. I. N. Frederick
 (Address) Monroe City, Missouri.

15. FILED 721-2700 J. J. Barush
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19, 19 27

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1927, to July 19, 1927, that I last saw him alive on July 19, 1927, and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Hypo. Corditis

90 B (duration) yrs. mos. ds.

CONTRIBUTORY Heart Depression (SECONDARY)

(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 THE CONFIRMED DIAGNOSIS Clinical Examination before Dept + History
 (Signed) J. J. Barush, M. D.
720, 1927 (Address) St. Joseph, 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

City Cemetery July 21, 1927

20. UNDERTAKER Fleiman - Farris ADDRESS 1208 Francis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

AUG 10 1927

