MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 831

Do not use this space.

35687

1. PLACE OF DEATH

County Shelby — Registration District No. 831 — File No.

Township Blackbrook — Primary Registration District No. 4504 — Registered No. 19

City Shelbyville (No. ..... St. ..... Ward)

2. FULL NAME John Westfall Frye

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	6	3	

27
56
71

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) Shelby Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER B. Frank Frye

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

12. MAIDEN NAME OF MOTHER Eliza Ann Claggett

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

14. INFORMANT E. R. Frye
(Address) Shelbyville, Mo.

15. FILED 11-25, 1927 C. S. Baker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1927, to Nov 25, 1927 that I last saw him alive on Nov 22, 1927, and that death occurred, on the date stated above, at 5:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

97

..... (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 9/13

..... (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 CONFIRMED DIAGNOSIS? None

(Signed) R. C. Archer, M. D

11-25, 1927 (Address) Shelbyville, 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
I. O. O. F. Cemetery	Nov 26 1927
20. UNDERTAKER	ADDRESS
J. W. Thompson Son	Shelbyville, Mo.

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