FEB 24 1928

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

Do not use this space.

3719

1. PLACE OF DEATH
County Shelby — Registration District No. 881 — File No.
Township Black Creek — Primary Registration District No. 6 [illegible]092 — Registered No. 8
City (No. St. Ward)

2. FULL NAME Grover Francis 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.

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.

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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: Gleta Frye

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 24, 1889

7. AGE: Years 38 — Months 6 — Days ✓ — If LESS than 1 day, ... hrs. or ..... min.

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): Shelby Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John W. Frye
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Ella Vaunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.

14. INFORMANT: Mrs. Gleta Frye
(Address): Shelbyville, Mo.

15. FILED Jan 21 1928 Mrs C S Baker Dep
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan - 24 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928 to Jan 24, 1928 that I last saw him alive on Jan 24, 1928, and that death occurred, on the date stated above, at 9:35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia fever
16,911
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): 1000
(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? Clinical symptoms
(Signed) S. J. Le Fevre, M. D
, 19 (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: Masonic Cemetery — DATE OF BURIAL: Jan - 1928

20. UNDERTAKER: J. H. Thompson Son — ADDRESS: Shelbyville Mo.

AUG 17 1988