MAR 20 1928

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

Do not use this space.

4420

1. PLACE OF DEATH
County Cooper
Township
City Boonville Mo (No. ... St. ... Ward)
Registration District No. 28
Primary Registration District No. 3015
File No.
Registered No. 12

2. FULL NAME Freda Christine Friedrich
(a) Residence. No. Bunceton Mo 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 Female
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~~ Arthur Friedrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
27	7	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Robert C Schwitzky
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Wilhelmina Johnmeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Herman H Schwitzky
(Address) Boonville Mo

15. FILED 2-11-1928 [signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 11, 1928, that I last saw her alive on Feb 4, 1928, and that death occurred, on the date stated above, at 8:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Mania (with hallucinations and delusions)
130
84
118
128 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Acute parenchymatous nephritis
Angiodema (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Bunceton Mo.
(1) DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Alexis Ravenscroft, M. D
19 (Address) Boonville 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 Billingsville Cem
DATE OF BURIAL Feb 13 1928

20. UNDERTAKER Schwitzky-Meister
ADDRESS Boonville

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.