

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

Do not use this space.

7932

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Registration District No. 1001
 City St. Joseph (No. Mo. Med. Hosp.) St. Mo. (Ward)

2. FULL NAME

Samuel Fryar
 (a) Residence. No. 60 Farm St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Fryar
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1862
7. AGE Years 65 Months 6 Days 24 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Samuel Fryar

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

12. MAIDEN NAME OF MOTHER Green

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

14. INFORMANT Wm Fryar
 Address Barnesburg

15. FILED John G. [Signature] REGISTRAR
 MAR 26 1928

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1928
17. I HEREBY CERTIFY That I attended deceased from Feb 26 1928, to May 24 1928, that I last saw him alive on March 16 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

314 Syphilis
1200 (duration) 30 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Enteritis
 (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Don't know
 IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Wasserman
 (Signed) Albert E. Holley M. D.
3/24 1928 (Address) 822 Edmond 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 Adamswood No
DATE OF BURIAL 26 1928

20. UNDERTAKER JL Striebel
ADDRESS 316 So

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.

1928

Dr. Hooley