

APR 31 1928

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

Do not use this space.

12851

1. PLACE OF DEATH

County Franklin Registration District No. 2-97
Township Washington Primary Registration District No. 3016
City Washington Mo.

File No.
Registered No. 32 St. Ward)

2. FULL NAME

Fred Freitag
(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 20 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Lizzie Freitag

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) Badstein, Mo.

10. NAME OF FATHER Simon Freitag

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

12. MAIDEN NAME OF MOTHER Katharine Leuking

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

14. INFORMANT Lizzie Freitag
(Address) Washington Mo.

15. FILED Apr. 7, 1928 O. L. Church
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 1 1927 to April 5 1928
that I last saw him alive on April 5 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer on right hip
14 1/2 5 1/2 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) don't know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) J. D. Manjun, M. D.

(Address) Washington Mo.
State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter's Ceme DATE OF BURIAL 4-9 1928

20. UNDERTAKER Freiburg City Washington, Mo. ADDRESS

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

