

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. _____) St. _____ Ward _____

Registration District No. 496
Primary Registration District No. 3025

File No. 27810
Registered No. 61

2. FULL NAME

George Alfred Fritz
(a) Residence, No. 409 E. Park St. 1 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 08 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Martha J. Fritz</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March-19-1884</u>				
7. AGE	YEARS <u>24</u>	MONTHS <u>4</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired R.R. Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Portia Mich
(STATE OR COUNTRY)

10. NAME OF FATHER Alfred T. Fritz

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

12. MAIDEN NAME OF MOTHER Maria. [unclear]

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

14. INFORMANT Mrs Geo. Fritz
(Address) Brookfield, Mo.

15. FILED 8-9-28 Bessie M. Fox
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1928

17. I HEREBY CERTIFY That I attended deceased from July 30, 1928, to Aug 8, 1928, that I last saw h. was alive on Aug 8, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
81A (Left hemiplegia)
82D
(duration) _____ yrs. _____ mos. 9 da.

CONTRIBUTORY (SECONDARY) 74A
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____ DATE OF _____

DID AN OPERATION PRECEDE DEATH? No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chemical Expts
(Signed) J. [unclear] M. D.
8/9, 1928 (Address) Brookfield 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 Rose Hill DATE OF BURIAL Aug 10 1928

20. UNDERTAKER B. G. Hill ADDRESS Brookfield

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

