26 1925

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

Do not use this space.

30386

1. PLACE OF DEATH
County Jackson
Township Blue
City Sugar Creek (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554
File No. .....
Registered No. 317

2. FULL NAME Mary Fries
(a) Residence. No. Scarretta Carlile 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 1-1847

7. AGE: Years 81 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Hungary

PARENTS
10. NAME OF FATHER: Joseph Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Hungary
12. MAIDEN NAME OF MOTHER: Rose Vanroffel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Hungary

14. INFORMANT: Adam Fries
(Address): Indep. Mo.

15. FILED 9-6, 1928 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from 5/20, 1928, to Sept 5, 1928 that I last saw her alive on Sept 3, 1928, and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Failure due
Cardio-Renal Insufficiency
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Thyroid disease
nephritis (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 & Laboratory
(Signed) D. Gillmor, M.D.
9-6, 1928 (Address) Fairmount 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: St Marys Cem
DATE OF BURIAL: 9-8 1928

20. UNDERTAKER: C. D. Carron & Son
ADDRESS: Indep. Mo.

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.