JAN 22 1929

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

Do not use this space.

36234

1. PLACE OF DEATH
County Callaway
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 102
Primary Registration District No. 3163

File No. .....
Registered No. 232

2. FULL NAME William Fred

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Fred

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5th 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	5	8	

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

9. BIRTHPLACE (CITY OR TOWN) Madison Co. Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jacob Fred
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY)

14. INFORMANT Henry Fred
(Address) Aux Vasse Mo.

15. FILED 12/14, 1928 H. G. Thomas
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 24 Oct, 1928, to Nov 13, 1928 that I last saw him alive on Nov 13, 1928 and that death occurred, on the date stated above, at 11:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Old age and Catarrh of Stomach
..... (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) age while and Blind (duration) 3 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? —

(Signed) N. L. Phelps M.D.
, 19 (Address) Mexico 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 Concord Cemetery
DATE OF BURIAL Nov. 15 1928

20. UNDERTAKER Hughes Maupin
ADDRESS Auxvasse 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.

WRITE PLAINLY, WITH UNFADING INK