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

Do not use this space.

43763

1. PLACE OF DEATH

County: Stoddard — Registration District No.: 834 — File No.:

Township: Pike — Primary Registration District No.: 6097 — Registered No.: 36

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME ~~Christ~~ Crist Friedrich

(a) Residence. No. near Advance, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lena Friedrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-14-1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	20	7	22	

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): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Advance
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Friedrich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~~Stoddard Co~~
(STATE OR COUNTRY) Cap Co, Mo.

12. MAIDEN NAME OF MOTHER Lizzie Uphoff

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

14. INFORMANT John Friedrich
(Address) Advance, Mo.

15. FILED 12-10-1928 N. McKearly, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-6-1928

17. I HEREBY CERTIFY, That I attended deceased from attended after death, 19..., on 12-6, 1928 that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 10.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accident (gasoline engine)
(Became entangled in the machine)
20 Sep 1928 (duration) ..... yrs. ..... mos. 1/12 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Inspection

(Signed) James M. Hindman, M.D.
12-6-, 1928 (Address) Advance, 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	DATE OF BURIAL
Pleasant Hill Cemetery, Mo.	12-7-1928
20. UNDERTAKER	**ADDRESS**
Frank Coughton,	Bell City, 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.

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