

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

Do not use this space.

2521

1. PLACE OF DEATH

County Mississippi
Township St. Mary's
City Charleston

Registration District No. 566
Primary Registration District No. 3030

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Juanita Louise Freeze
(a) Residence. No. Deal St., Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. 4 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 | 3 | 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charleston

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Bryan Freeze

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Charleston

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Martha Bell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrence, Mo.

(STATE OR COUNTRY) Mo.

14.

INFORMANT X Rosa Vaughan
(Address) X Charleston Mo.

15.

Jan 15 1929 F S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18 1929 12:14 P.M.

17. I HEREBY CERTIFY That I attended deceased from Jan 12, 1929, to Jan 18, 1929, that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at 12:14 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria

CONTRIBUTORY (SECONDARY)

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 Microscopic symptoms

(Signed) Frank S. Vernon, M. D.

, 19 (Address) Charleston 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

S. O. O. I.

1-19 1929

20. UNDERTAKER

ADDRESS

Laird Co. Funeral Home

Charleston 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.

23 1929
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C. Vernon