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

Do not use this space.

22195-1

File No. 22195-1

Registered No. 1

1. PLACE OF DEATH
County: Ozark
Township: Bryce Twp
City: ..... (No. ..... St. ..... Ward)
Registration District No. 920
Primary Registration District No. 5808

2. FULL NAME: Geneva Friend

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 3 hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Lutie mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Benjamin Harrison Friend
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Theodosia
(STATE OR COUNTRY) Ozark Co mo
12. MAIDEN NAME OF MOTHER Iva Lawson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Seymour
(STATE OR COUNTRY) mo

14. INFORMANT Benjamin Harrison Friend
(Address) Lutie mo

15. Aug 22, 1929 Mary F. Johnson
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1929

17. I HEREBY CERTIFY, That I attended deceased from no medical aid, 19..... that I last saw h..... alive on ....., 19..... and that death occurred, on the date stated above, at 7:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause of death unknown
1 to 8 months — Justification
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) N/A
(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? no medical aid
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. H. Friend, M. D.
7/22, 1929 (Address) Lutie 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
Lutie Cemetery	Jul 23 1929
20. UNDERTAKER	**ADDRESS**
Efton Friend Lutie	mo

26 1929

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Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSES so stated EXACTLY, so that it may be properly classified.