68

JCT 24 1929

6

3

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

31402

1. PLACE OF DEATH
County Moniteau — Registration District No. 575 — File No.
Township Willow Fork — Primary Registration District No. 4339 — Registered No.
City Lipton, (No. ..... St. ..... Ward)

2. FULL NAME Francis Marion Fry
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-23-1851

7. AGE: Years 78 | Months 6 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Fry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Margaret Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Wilbur Jones (Address) Lipton, Mo

15. FILED 9.26 1929 Mrs Sarah Fry REGISTRAR
26.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-25-1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 1929, to 9/23, 1929, that I last saw him alive on 9/25, 1929, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis with Hemorrhage of Brain
92 A
97
1884
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Cystitis & hardening of Blood vessel (duration) 1 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? Physical
(Signed) S. H. Redmon, M. D
, 19 (Address) Lipton 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: I.O.O.F. Cemetery Lipton Mo — DATE OF BURIAL: 9-27-1929

20. UNDERTAKER: Jewell E. Richards — ADDRESS: Lipton Mo