FEB 20 1930

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

Do not use this space.

2140

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No.
Township Bittle Prairie — Primary Registration District No. 5862 — Registered No. 7
City ~~Braggadocio~~ (No. ..... St. ..... Ward)

2. FULL NAME Wilburn Fretwell
(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not married

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 19 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	5	25	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Braggadocio Mo. Mo.

PARENTS

10. NAME OF FATHER: W. E. Fretwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dunklin County ~~Braggadocio~~ Mo
12. MAIDEN NAME OF MOTHER: Ruth Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs Ruth Fretwell
(Address) Braggadocio, Mo.

15. FILED Feb. 4, 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan - 14 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 1/13, 1930, to Jan 14th, 1930 that I last saw him alive on 1/14, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Epidemic - Cerebro - Spinal Meningitis - 12 928 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): MyO Carditis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Levi D. Denton M. D
Jan. 14, 1930 (Address) Braggadocio. 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: Little Prairie Cemetery — DATE OF BURIAL: 1-14-1930

20. UNDERTAKER: J. L. La Forge — ADDRESS: Cantherville 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.