

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

Do not use this space.

25472

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1903
 City St. Louis (No. City Hospital # 2)

File No.....
 Registered No. 7712
 St. Ward)

2. FULL NAME

(a) Residence. No. 811 Benton St., 26 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930
 17. No physician in attendance
 I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to 19....., 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 7:30 p.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

Heat Prostration

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 54</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

191 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 194 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED.
 IF NOT AT PLACE OF DEATH.....

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Nick Frierson

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. W. Frierson M.D.
190. 19. 3p (Address) Dep. Coroner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Knants

*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.

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

14. INFORMANT Malinda Frierson
 (Address) 811 Benton St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Frierson
 DATE OF BURIAL 8-2-1930

15. Aug - 1 1930
 FILED..... 19.....
May O. Walker
 REGISTRAR

20. UNDERTAKER W. S. Wade & Co. Quincy
 ADDRESS 4202

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.

WRITE PLAINLY, WITH UNFADING INK

935
92
91
89

