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

Do not use this space.

10658

1. PLACE OF DEATH

61 County Macon — Registration District No. 528 — File No.

2 Township — Primary Registration District No. 4314 — Registered No.

1 City Callao (No. ..... St. ..... Ward)

2. FULL NAME David Lee Freeman

(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.

APR 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14th 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76		2	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 29

(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) Mo 1

PARENTS

10. NAME OF FATHER Will Freeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky 2

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) 31

14. INFORMANT Carey Freeman (Address) Callao Mo

15. FILED 3/31, 1931 Wawelch MD REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1931

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to March 30, 1931 that I last saw him alive on March 30, 1931, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Flu and Lobar Pneumonia Fever

11A

108 (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) 108 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam.

(Signed) Wawelch MD, M. D.

3/31, 1931 (Address) Callao 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
Callao Loews Grove	4-1 1931
20. UNDERTAKER	ADDRESS
Perry & Son	Callao