

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

Do not use this space.

11753

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 5008
City St. Louis (No. 7037, Permod ave) St. Ward)

File No.
Registered No. 2984
St. Ward)

2. FULL NAME Harry N. Friday

(a) Residence. No. 7037, Permod St., 3 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edick Mae Friday</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 3 - 1873</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>11</u>
		DAYS
		<u>3</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Electrician</u> ³²		
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Union Electric Company -</u>		
(c) Name of employer. <u>Edwardsville</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Edwardsville</u> (STATE OR COUNTRY) <u>Illinois</u> ²		
10. NAME OF FATHER <u>William Friday</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Nellie Daniels</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)		

14. INFORMANT Nelson Friday
(Address) 7037 Permod ave

15. FILED May 2 1931
REGISTRAR Max C. Starling

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1931, to Mar 6th, 1931.
that I last saw him alive on Mar 3rd, 1931, and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral stenosis

92A

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY)

(duration) 92A 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?

3/7 (Signed) P. M. Crossway M. D.
Mar 7, 1931 (Address) 3506 Cambridge Maplewood

*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 <u>Sunset Burial Park</u>	DATE OF BURIAL <u>Mar 9 1931</u>
20. UNDERTAKER <u>C. R. Lepton</u>	ADDRESS <u>4449 Olive</u>

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.

Dr. Brogard
3500 Cambridge
Maplewood Mo