

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.

MAY 27 1931

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

Do not use this space.

15123

1. PLACE OF DEATH

County Duquoin  
Township Thompson  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 632  
Primary Registration District No. 4382  
5-8-34

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Godfred Fraley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth 44 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Fraley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-15-1867</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer-1</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
FATHER	13. NAME <u>Ludwig Fraley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
MOTHER	15. MAIDEN NAME <u>Bar Justina Lee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
17. INFORMANT (ADDRESS) <u>Epiphany Fraley</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bunker</u> DATE <u>4-9-31</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>April 22, 1931</u> <u>C. A. Shea</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-31

22. I HEREBY CERTIFY, That I attended deceased from 1-3-31, 1931, to 4-8-31, 1931  
I last saw h. \_\_\_\_\_ alive on 4-1-31, 1931. Death is said to have occurred on the date stated above, at 1:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
Acute Distention of Heart  
95B  
Other contributory causes of importance:  
95B0

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. A. Burns, M. D.  
4 (Address) Thompson mo

OCT 6 1941

OCT 10 1941