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.

MAY 27 1931

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

Do not use this space.

15448

1. PLACE OF DEATH

County Ste Genevieve — Registration District No. 934 — File No.

Township Union — Primary Registration District No. 6036 — Registered No. 1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jane (Fry) Roth

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 25 Sept 1867

7. AGE — YEARS 63 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Ste Genevieve Co

FATHER

13. NAME John Fry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Ellion Horton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co

17. INFORMANT (ADDRESS) Jake Fry W.F.D. Weingarten

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste Genevieve DATE April 20 1931

19. UNDERTAKER (ADDRESS) Heidelbrand Co Farmington

20. FILED 4-29-1931 Wm A Rotte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to April 1, 1931

I last saw her alive on April, 1931. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Dropsy

Date of onset

95B 95B

Other contributory causes of importance:

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) Clyde C Winter, M. D.

(Address) Farmington Mo