

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

Do not use this space.

18721

1. PLACE OF DEATH

County Monroe
Township Monroe
City Monroe City (No.)

Registration District No. 581
Primary Registration District No. 4343

File No.
Registered No. 15 St. Ward)

2. FULL NAME

(a) Residence, No. Oak St. First Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Walter Fry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1885</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>8</u>
	DAYS <u>18</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>At Home</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>Brown Co. Ill.</u>		
FATHER	13. NAME <u>James H. Dear</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prescott</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Waldron</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deerfield</u>	
17. INFORMANT (ADDRESS) <u>Walter Fry Monroe City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Jude's Semetary</u> DATE <u>June 3rd 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Nelson & Son Monroe City Mo</u>		
20. FILED <u>6-2</u> 1931 <u>O.W. Wilson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1930 to May 31 1931
I last saw her alive on May 30 1931 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Aortic Stenosis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 Yes
(Signed) Geo. L. Turner M. D.
(Address) Monroe City Mo

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.

JUN 27 1931

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

