

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

Do not use this space.

518

1. PLACE OF DEATH
 25 County Clinton Registration District No. 704
 1 Township Shaw Primary Registration District No. 3013
 4 City Cameron (No. _____) St. _____ Ward _____

2. FULL NAME Fredrick Henry Albert Friday
 (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.

File No. _____
 Registered No. 7
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Friday
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 236
 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) Ind. 2

MOTHER FATHER 13. NAME Lewis Friday

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 11

15. MAIDEN NAME Herritta

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Sarah A Friday
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ostorn Mo DATE Jan 27 1932

19. UNDERTAKER O. Moore
 (ADDRESS) Cameron Mo

20. FILED 1/26 1932 W. O. R. Riley
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1932

2. I HEREBY CERTIFY That I attended deceased from May 29 to Jan 25 1932
 I last saw him alive on Jan 24 1932. Death is said to have occurred on the date stated above, at 8:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Date of onset 1929
modern
46 46 13

Other contributory causes of importance:

9. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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 D
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) a. o. Gilliland, M. D.
 (Address) Cameron Mo

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.

1932 JAN 23 1932

