

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.

MAR 22 1932

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

Do not use this space
Dr. Williams
4387

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 5440
 City Springfield, Mo. R. R. # 3 File No. 121
 Registered No. 121
 St. _____ Ward _____

2. FULL NAME Walter Francis Fry
 (a) Residence, No. R. R. # 3 St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Gala E. Fry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27-1876

7. AGE YEARS 55 MONTHS 4 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planned sawyer, bookkeeper, etc. Farmer

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) Greene Co. Missouri

13. NAME Marion Fry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny. 2

15. MAIDEN NAME Sallie Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT Mrs. Gala E. Fry (ADDRESS) R. R. # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Feb. 14 1932

19. UNDERTAKER Wm. J. Williams (ADDRESS) 534 St. Louis

20. FILED 2-14 1932 Hon. Sharp Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8 1932 to July 13 1932
 I last saw him alive on July 13 1932 Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Other contributory causes of importance: 23 25A

Name of operation None 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? no 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Wm. J. Williams, M. D.
 (Address) Springfield Mo.

Date of onset _____

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