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 31 1932

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

Do not use this space.

15139

1. PLACE OF DEATH

112 County Webster — Registration District No. 896 — File No.

Township Grant — Primary Registration District No. 6199 — Registered No. 15

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

2. FULL NAME Annie Frick

(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 15, 1842

7. AGE: YEARS 89 — MONTHS 6 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Germany 10

FATHER

13. NAME: Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): August Frick

18. BURIAL, CREMATION, OR REMOVAL
PLACE Welch Cemetery DATE Apr 17 1932

19. UNDERTAKER (ADDRESS): W. J. McMahan, Marshfield Mo

20. FILED May 1, 1932 J. R. Bruce, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19....., to ✓, 19.....

I last saw h ✓ alive on ✓, 19..... Death is said to have occurred on the date stated above, at 7-30 m.

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

Chr Brights Disease — Date of onset: 3 yrs ago

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Other contributory causes of importance:

7

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? ..... 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. R. Bruce Reg. M. D.

(Address) Marshfield Mo