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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24565

Township ..... Primary Registration District No. 1003 Registered No. 6702

City St Louis (No. Missouri Pacific Hospital St. ..... Ward)

2. FULL NAME Jack Fritts

(a) Residence, No. 1186 Minna Ave St., 17 Ward. Memphis Tenn
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Dora Fritts,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1871-2-7

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 123
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California. ?

FATHER

13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " ?1

MOTHER

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

17. INFORMANT (ADDRESS) Dora Fritts Memphis, Tenn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis, Tenn. DATE 7/20/32 19

19. UNDERTAKER (ADDRESS) Robert Flanbury Co. Inc. Clayton Road at Concordia Lane.

20. FILED JUL 21 19 Max C. Parker Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 20, 1932
I last saw him alive on July 20, 1932 Death is said to have occurred on the date stated above, at 8:10 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris 59 Date of onset
59
9 C A
(1)

Other contributory causes of importance:
Diabetes Mellitus

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Royal A. Weir, M. D.
(Address) Mo Pac Hospital