

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

Do not use this space.

29950

1. PLACE OF DEATH

75 County Oregon Registration District No. 630
Township Priney Primary Registration District No. 5844
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 14

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

William J. Mcfry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Lizzie P. Mcfry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23 1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>
	DAYS <u>21</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>retired Farmer Stock Dealer</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>Jefferson Co mo</u>		
FATHER	13. NAME <u>Pete Mcfry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co mo</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co mo</u>	
17. INFORMANT (ADDRESS) <u>Lizzie R Mcfry Altamont MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith's</u> DATE <u>Sept 16 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Les Carr</u>		
20. FILED <u>9/17 1932</u> <u>Enoch Bailey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept 14 1932 to Sept 14 1932
I last saw him alive on Sept 14 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
cerebral hemorrhage & Paralysis
Date of onset _____

Other contributory causes of importance:
Paraplegia

Name of operation none 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.
Home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. P. Forest, M. D.
(Address) 1, Altamont mo
Forest.

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.

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