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.

OCT 28 1932

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

Do not use this space.

30187

1. PLACE OF DEATH

94 County St Francois — Registration District No. 772 — File No. 815

4 Township ~~Lorance~~ — Primary Registration District No. 4463 — Registered No. 11

6 City Elvins Mo (No. ..... St. ..... Ward)

2. FULL NAME Norma Fry

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th 1928

7. AGE: YEARS 4 — MONTHS 1 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dependent
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) St Louis Mo

FATHER

13. NAME Henry E Fry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run Mo

MOTHER

15. MAIDEN NAME Myrtle Lunsford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

17. INFORMANT (ADDRESS) Frank Lunsford Elvins Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Doe Run Mo DATE 9-24 1932

19. UNDERTAKER (ADDRESS) Caldwell Bros Flat River Mo

20. FILED 10-10 1932 Edgar Whiteside Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/22, 1932, to 9/22, 1932

I last saw her alive on 9-22, 1932 Death is said to have occurred on the date stated above, at 9 P.M.

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

	Date of onset
Bronchopneumonia	
107A Complicating	Sept 18, 1932
115A Suppurative Tonsilitis	

Other contributory causes of importance:

107A ①

8 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) C B Farrar, M. D.

(Address) Flat River, Mo