

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

Do not use this space.

35067

1. PLACE OF DEATH

County Cedar
Township Stockton
City Stockton (No. _____)

Registration District No. 166
Primary Registration District No. 4097

File No. _____
Registered No. 91
St. _____ Ward _____

2. FULL NAME

(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 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 Anna E. Frieze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>8</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail 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) Cedar Co., Mo.

FATHER 13. NAME Albert S. Frieze

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yena, Mo.

MOTHER 15. MAIDEN NAME Sarah Marshall

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mary Frieze, Stockton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE Nov 23, 1932

19. UNDERTAKER (ADDRESS) W. C. Davis & Co., Stockton, Mo.

20. FILED Lee 1932 Ernest Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932 to Nov. 21, 1932

I last saw him alive on Nov. 21, 1932 Death is said to have occurred on the date stated above, at 29 m.

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

Coronary Arteriosclerosis
108 / 108
Other contributory causes of importance:

Name of operation _____ 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) Dr. R. Brown M. D.

(Address) Excelsior, Mo.

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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