

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

Do not use this space.



**1. PLACE OF DEATH**

County Clinton Registration District No. 208  
 Township Nardin Primary Registration District No. 5288  
 City (No. ) St. Ward

File No. 713  
 Registered No. 1

**2. FULL NAME**

Benjamin Franklin Fry  
 (a) Residence, No. St. Wmd.  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-2-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Leban to Mo

13. NAME Thomas Fry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Mo

15. MAIDEN NAME Annada? Stover

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

17. INFORMANT (ADDRESS) Leonard Fry, Keating Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Paradise Cem DATE Jan-3-1923

19. UNDERTAKER (ADDRESS) H. H. Rollins Edgerton Mo

20. FILED 19

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2nd 1923

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 A. m.

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

Suicide with a 22 rifle

Date of onset

187  
16

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 1-2-1923

Where did injury occur? at his house (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot himself with 22 rifle

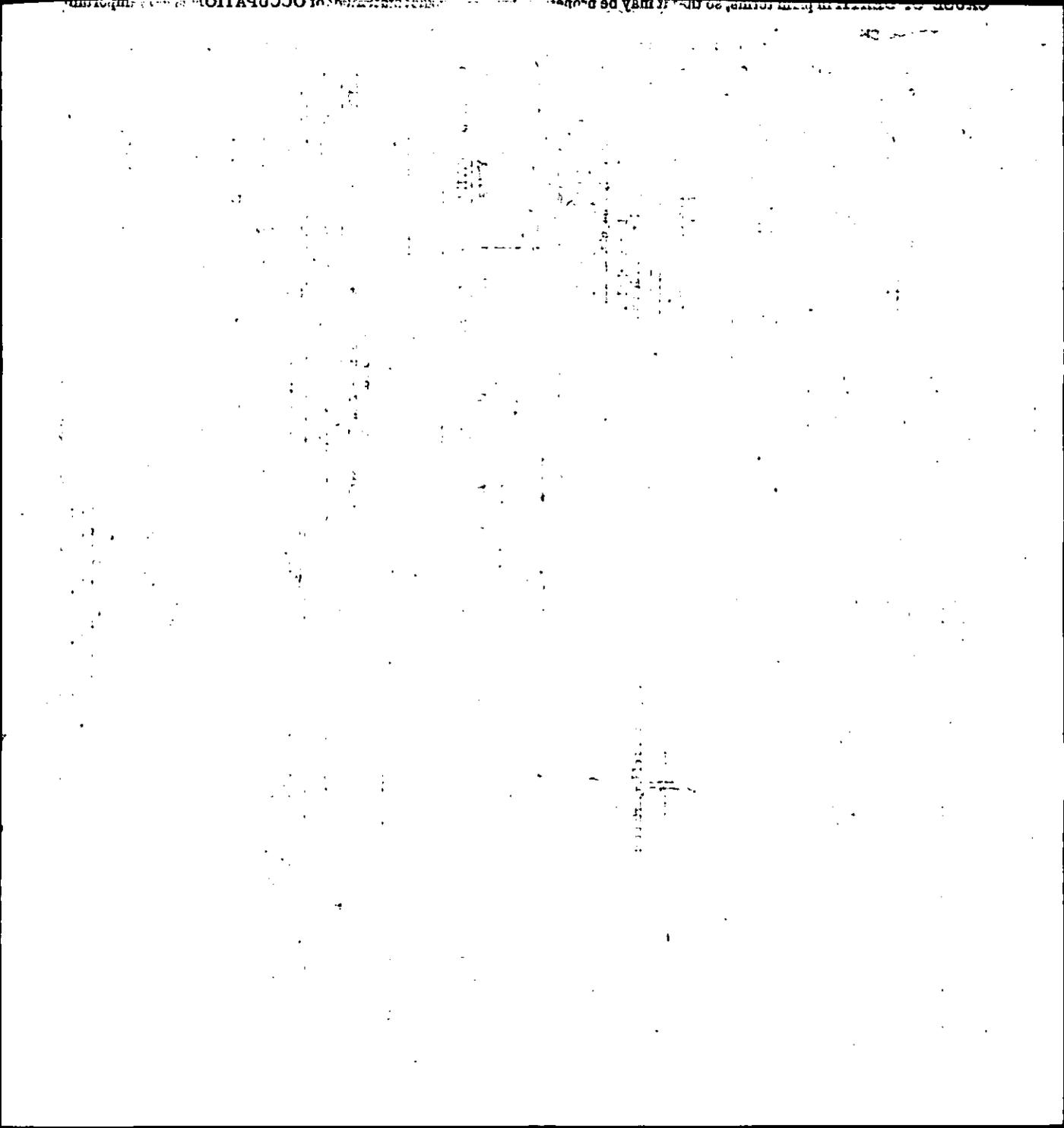
Nature of injury Shot in head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Starks coroner M. D.

(Address) Lawrence 2200



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ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Clinton Registration District No. 208 File No. ....  
Township Hardin Primary Registration District No. 5258 Registered No. 1  
City (No. .... St. .... Ward)

**2. FULL NAME**

Benjamin Franklin Fry  
(a) Residence, No. .... St. .... Ward. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) sm

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 - 19 33

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to ....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

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

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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.

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

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

Date of onset

FATHER  
13. NAME

Other contributory causes of importance:

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of

MOTHER  
15. MAIDEN NAME

What test confirmed diagnosis? Was there an autopsy?

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

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)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED 1-7 1933 Emma Poger Registrar.

(Signed) ....., M. D. (Address) .....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. That it may be properly classified. Exact statement of OCCUPATION is very im.

S. 713