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

Do not use this space.

13579-A

1. PLACE OF DEATH

County: Jackson — Registration District No.: 401 — File No.:

Township: Van Buren — Primary Registration District No.: 5-5-5-6 — Registered No.:

City: (No. Lake Lotawana - Lot 5 Block 2 St. Ward)

2. FULL NAME: Clarence C. Friels

(a) Residence, No.: 4336 Terrace St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Willa Friels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 31, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	29	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: White Eagle Oil Co.

10. Date deceased last worked at this occupation (month and year): April 29 1933

11. Total time (years) spent in this occupation: 9 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.

FATHER

13. NAME: Clarence Friels

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

MOTHER

15. MAIDEN NAME: Irene Rose

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

17. INFORMANT (ADDRESS): Maynard Lloyd 4336 Terrace

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Hill DATE: May 2, 1933

19. UNDERTAKER (ADDRESS): D. W. Nuzum Lois 2111 E. 9th St. - K.C. Mo.

20. FILED: Feb. 2, 1934 Vernie E. Yankee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 29, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw him alive on ..., 19..., Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows: Drowning (Accidental) — Date of onset

Other contributory causes of importance:

Name of operation: No — Date of:

What test confirmed diagnosis: Autopsy — Was there an autopsy: yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident — Date of injury: April 29, 1933

Where did injury occur? Lake Lotawana Jackson Co. (Specify city or town, county, and State)

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

Manner of injury: Boat Capsized

Nature of injury: Drowning

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

If so, specify:

(Signed): C. E. Falk, M.D.

(Address): KCMO

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD