

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.

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

Do not use this space.

37354

1. PLACE OF DEATH
 County Nodaway Registration District No. 628
 Township Primary Registration District No. 2031
 City Maryville Mo (No.) St. Ward (.....)
 2. FULL NAME Claude P. Fryer
 (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 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 127
 Registered No. 118

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 Ruby A. Fryer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 59 6 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor
 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) Geneville Oregon
 13. NAME J. G. Fryer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo
 15. MAIDEN NAME Mildred Percival
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Ruby A. Fryer
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Nov 2, 1933
 19. UNDERTAKER Campbell Funeral Home
 (ADDRESS) for W. Campbell
 20. FILED 11-12 19. 33 Mamie & Clardy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9th 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 20th 1933, to Nov. 9th 1933
 I last saw him alive on Nov 9th 1933. Death is said to have occurred on the date stated above, at 9:15 P.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset Aug 1933
 Other contributory causes of importance: None
 Name of operation none Date of
 What test confirmed diagnosis? None 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) L. E. Dean, M. D.
 (Address) Maryville, Mo.

