

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

Do not use this space.

39785

**PLACE OF DEATH**

County Barren  
Township Jeff  
City Jeff

Registration District No. 318  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 914  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** Alfred Friend

(a) Residence, No. Greenfield Mo  
(Usual place of abode)

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**

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 Maud Friend

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 1907

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1154

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 7/11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deale Co Mo

13. NAME John Friend

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

15. MAIDEN NAME Margaret Swin

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

17. INFORMANT (ADDRESS) Mrs Maud Friend Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence DATE 12-29

19. UNDERTAKER (ADDRESS) Edward Greenfield

20. FILED 12/24 - 1933 Ray W Langston Registrar

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933, to Dec 27, 1933

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

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

1 Endocarditis - acute (Date of onset following sore throat)  
2 max  
(type of infection not determined)  
(was not under treatment at that time)

Other contributory causes of importance:  
Maxillary sinusitis - drained Dec 1  
Acute cholecystitis - operation Dec 14 33

Name of operation cholecystomy Date of 12/14/33

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? \_\_\_\_\_

If so, specify (Signed) Ray D Callaway, M. D.  
(Address) Springfield, Mo.

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.

12/26/33  
11:30 AM

