

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

Do not use this space.

JAN 28 1934
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1. PLACE OF DEATH
County North Registration District No. 903
Township Mitchell Primary Registration District No. 12
City Grant City, Mo. St. _____ Ward _____
2. FULL NAME Luit Marie Friday
(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 <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>husband</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 8, 1933</u>		
7. AGE YEARS <u>—</u>	MONTHS <u>—</u>	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
	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) <u>Grant City, Missouri</u>				
MOTHER FATHER	13. NAME <u>Don Friday</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Mo.</u>			
	15. MAIDEN NAME <u>Georgia Mitchell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Missouri</u>			
17. INFORMANT <u>Don Friday</u> (ADDRESS) <u>Grant City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Honey Grove</u> DATE <u>Dec. 15, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Frank C. Dumble</u> <u>Grant City, Mo.</u>				
20. FILED <u>1-16-33</u> 19 <u>33</u> <u>John A. Decker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-15-1933

2. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933 to Dec 15, 1933
I last saw her alive on Dec 14, 1933 Death is said to have occurred on the date stated above, at 6:00 a. m.
The principal cause of death and related causes of importance were as follows:
Failure of closure of foramen ovale
Date of onset _____

Other contributory causes of importance:
157C
157D

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? NO
If so, specify _____
(Signed) J. H. Bass, M. D.
(Address) Grant City, 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.

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

