

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

Do not use this space.

33863

OCT 17 1934

**1. PLACE OF DEATH**

County Ripley Registration District No. 750  
 Township Raymond Primary Registration District No. 5986  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. 19  
 Registered No. 1261

**2. FULL NAME**

John C Fry  
 (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 9 29

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. Curr farm  
 10. Date deceased last worked at this occupation, (month and year) 1934 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Tenn.

13. NAME James Fry

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

15. MAIDEN NAME Sophia Blanton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Tenn.

17. INFORMANT (ADDRESS) Jolly M. Elrath

18. BURIAL, CREMATION, OR REMOVAL PLACE Raynoy DATE Sept 26 34

19. UNDERTAKER (ADDRESS) Jordan Donoghue

20. FILED Sept 25 1934 E. B. Whitton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1934

I HEREBY CERTIFY, That I attended deceased from September 24, 1934 to September 24, 1934  
 (If not seen 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:

Caught under falling tree  
1866  
 Other contributory causes of importance: Cutting lumber  
 Date of onset 19

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? histology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 9/24, 1934

Where did injury occur? at home Ripley Co. Tenn. (Specify city or town, county, and State)

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

Manner of injury Crushed by falling tree  
 Nature of injury Crushed thru chest + abdomen

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

(Signed) J. E. Williams M. D.

(Address) Donoghue

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

Witness to accident: James J. Poff and Louis M. Elrath.