

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

43714

1. PLACE OF DEATHCounty MillerRegistration District No. 561

Township

Primary Registration District No. 4330City Edson

(No. _____ St. _____ Ward _____)

2. FULL NAMEWilliam Elmer Fredrick

(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 PARTICULARS3. 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 OFEva Fredrick6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 18997. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 9 29

OCCUPATION

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

Electric

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

Wedder

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) Decatur Alabama13. NAME Wesley Fredrick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama15. MAIDEN NAME Ada Fredrick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama17. INFORMANT Mrs. Eva Fredrick
(ADDRESS) Edson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sulphur Okla DATE Dec. 25, 193419. UNDERTAKER Phillips Funeral Home
(ADDRESS) Edson Mo.20. FILED 12-24 1934 Belle Haynes
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 24 193422. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934, to Dec 24 1934I last saw him alive on Dec 24 1934 Death is saidto have occurred on the date stated above, at 7:26 A.M.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance

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? _____

If so, specify _____

(Signed) E. J. Allen, M. D.(Address) Edson 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.

Allee

JAN 1 8 1935

