

FEB 26 1935

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

Do not use this space.

704

1. PLACE OF DEATH

County Mad
Township Cedar
City (No. St. Ward)

Registration District No. 238
Primary Registration District No. 5326

File No.
Registered No.

2. FULL NAME

William Marion 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 5

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

9. Industry or business in which work was done, as saw 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) Illinois

13. NAME Benj. Fry

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John Evans
Baldwin City, Mo

18. BURIAL, CREMATION, OR REMOVAL buried DATE 1-10 1935

19. UNDERTAKER (ADDRESS) E. G. Phillips
Baldwin City, Mo

20. FILED 1-14 1935 J. A. New Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 - 1934 to Jan 10 - 1935

I last saw him alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at 5:00 A.M.

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

chronic mitral disease heart

J. J. A.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical 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

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. A. New, M. D.
(Address) Baldwin 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.

WHITE PEARL; WITH CARBON IMPRINTS TO A LABORATORY RECORD

