

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

Do not use this space.

8055

1. PLACE OF DEATH

County Benton Registration District No. 59
Township Williams Primary Registration District No. 4034
City Cole Camp (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

Gottlieb H Frisch

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Anna Frisch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1857

7. AGE 77 YEARS 5 MONTHS 23 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miller
9. Industry or business in which work was done, as silk 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) Boylers Mills
(STATE OR COUNTRY) Missouri

13. NAME Herman Frisch

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

15. MAIDEN NAME Amelia Schmidt

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

17. INFORMANT Mrs Anna Frisch
(ADDRESS) Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cole Camp Cemetery DATE March 25th 1935

19. UNDERTAKER E L Eickhoff
(ADDRESS) Cole Camp Mo

20. FILED 3-22- 1935 Sue Selover
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20th 1935 to March 20th 1935

I last saw him alive on March 20th 1935 Death is said to have occurred on the date stated above, at 11:45 P M

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

Thrombosis of the Coronary Arteries

Date of onset

94B

Other contributory causes of importance: Arterio-sclerosis

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 _____, 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) Harry Bay, M. D.
(Address) Cole Camp, 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.

