

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

9711

1. PLACE OF DEATH

County Laurel Registration District No. 471 File No. II  
 Township \_\_\_\_\_ Primary Registration District No. 284 Registered No. 10  
 City Merced City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Louis Templeton Fresherman  
 (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 Eta Fresherman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 - 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 60 1 10

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn

10. NAME OF FATHER John Fresherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Francis Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn

14. INFORMANT Eta Fresherman (Address) Merced City, Mo.

15. FILED June 18 1935 - E. B. Wright REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1935

17. I HEREBY CERTIFY That I attended deceased from March 15, 1935, to March 18, 1935, and that I last saw him alive on March 15, 1935, and that death occurred, on the date stated above, at 7:35 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Probably acute myocardial infarction  
was dead when I got state

CONTRIBUTORY (SECONDARY) 92a (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) E. B. Wright, M. D.  
 , 19 (Address) Merced City, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL March 20 1935

20. UNDERTAKER Wm. Howell Jr. ADDRESS Merced City, Mo.

9711

