

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

Do not use this space.

10346

APR 26 1935

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near ~~city~~ Farmington, Mo.

(No.)

St.

Ward)

2. FULL NAME John Frey

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hospital Records are complete and have been furnished</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 60</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) (STATE OR COUNTRY) <u>Cape Girardeau County Mo.</u>		

MOTHER	13. NAME <u>not known</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	15. MAIDEN NAME <u>not known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR (REMOVAL)
PLACE Berman's DATE 3-22-35

19. INTERTAKER W. J. Robinson and Co. Funeral Home

20. FILED 3-23 1935 W. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-35

22. I HEREBY CERTIFY That I attended deceased from 9-25-33 to 3-22-35

I last saw him alive on 3-21-35, 1935 Death is said

to have occurred on the date stated above, at 5:05 pm.

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

Chronic myocarditis with hypertension & final acute cardiac dilatation (Sudden) 9/8

Other contributory causes of importance: Epilepsy with psychosis

Date of onset: Several yrs

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? none

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? Home (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 J. J. Jones & Co. of

(Signed) J. J. Jones M. D.
(Address) St. Louis Mo 4

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 PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD

