JUL 1 8 1935

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

Do not use this space.

19071

1. PLACE OF DEATH
County Buchanan — Registration District No. 82 — File No.
Township Washington — Primary Registration District No. 5127 — Registered No. 51
City ~~St. Joseph,~~ (No. Stop 4 Savannah Interurban St. Ward)

2. FULL NAME William Sherman Frye
(a) Residence, No. St., Ward. ¼ Mile West Stop 4
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 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: Emma Frye

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12. 1875.

7. AGE: YEARS 59 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): June. 27. 1935
11. Total time (years) spent in this occupation: 40 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winston, Missouri

FATHER
13. NAME: Isaac Frye
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

MOTHER
15. MAIDEN NAME: Minnie Clay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Emma Frye Stop 4 Savannah Interurban

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cemetery
PLACE St. Joseph, Mo. DATE June. 29. 1935

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Street St. Joseph, Mo.

20. FILED June 29, 1935 J. J. Bourbon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June. 28. Viewed, 1935

22. I HEREBY CERTIFY, That I ~~[illegible]~~ deceased from June 28, 1935, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1/30am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by interurban Street car body cut onto waist. both legs fractured at ankle	209 M
Other contributory causes of importance: Struck by street car.	246

Name of operation: None — Physical Jurisdiction — 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? accident — Date of injury 6/28, 1935
Where did injury occur? Buchanan County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Struck by Street Car
Nature of injury: Body badly mangled

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Jonas Thomas Coroner, M. D.
(Address) 731 Fearn

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.