

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.

JUL 26 1935

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

Do not use this space.

20771

1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 3034  
City Moberly (No. 311 So. Ault) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 114

2. FULL NAME

(a) Residence, No. 311 So. Ault St. 2 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Fritch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12<sup>th</sup> 1952

7. AGE YEARS 83 MONTHS 2 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Mo.

13. NAME Bernard M<sup>c</sup> Donald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

15. MAIDEN NAME Sarah Chrysiner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT Mrs. Leta Bickle  
(ADDRESS) 311 So. Ault

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo. DATE 6-28-1935

19. UNDERTAKER Ed Bray & Son  
(ADDRESS) 227 Moberly, Mo.

20. FILED 627 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23 1935 to June 26 1935

I last saw her alive on June 25 1935 Death is said

to have occurred on the date stated above at 2 A. m.

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

Cerebral Hemorrhage Date of onset June 23

Other contributory causes of importance:

Hypertension  
Arterio sclerosis

Name of operation No Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external cause (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? No  
If so, specify \_\_\_\_\_

(Signed) J. H. Fleming M. D.  
Address Moberly, Mo.

