

JUL 17 1935

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

Do not use this space.

22079

1. PLACE OF DEATH

County Bates
Township Beers Creek
City Adrian (No.)

Registration District No. 47
Primary Registration District No. 5070

File No.
Registered No. 9 St. Ward)

2. FULL NAME

William Perry Fritts
(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. da.

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 Lucinda Fritts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Terra Haute, Ind.

MOTHER FATHER 13. NAME William Fritts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs W Fritts (ADDRESS) Adrian, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crescent Hill DATE July 11, 1935

19. UNDERTAKER Leath & Co (ADDRESS) Adrian

20. FILED July 10, 1935 Maime P. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935 to July 9, 1935
I last saw him alive on July 9, 1935 Death is said to have occurred on the date stated above, at 6pm.

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

Miscellaneous
Old
Date of onset

Name of operation 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? 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. C. J. M. Comell, M. D.
(Signed) Adrian, Mo.
(Address)

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.

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STATE OF NEW YORK

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TO THE HONORABLE THE ATTORNEY GENERAL
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FROM THE HONORABLE THE ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY, NEW YORK

RE: [Illegible]

[Illegible]