APR 27 1936

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

Do not use this space.

1. PLACE OF DEATH
County Wright
Township Ward
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 908
Primary Registration District No. 6223

File No. 13880
Registered No. 12

2. FULL NAME Edward Froese

(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 3 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Froese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21. 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84		18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Marineberg Ger.

FATHER
13. NAME Adolph Froese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

MOTHER
15. MAIDEN NAME Hattie Copeland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Iowa

17. INFORMANT (ADDRESS) Mrs. B. E. Millard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship DATE 3-11- 1936

19. UNDERTAKER (ADDRESS) Botten Funeral Home

20. FILED 3-11- 1936 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9" 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/6th 1936 to 3-9- 1936
I last saw him alive on 3/6- 1936 Death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset 1 week

Other contributory causes of importance: Infirmities of age.

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 .....
(Signed) H. G. Francis, M. D.
(Address) Mtn. Grove, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.