

JUN 17 1936

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

Do not use this space.

18631

1. PLACE OF DEATH
BUCHANAN

County

Registration District No. 85

File No.

Township WASHINGTON

Primary Registration District No. 1006

Registered No. 718

City ST. JOSEPH, MO.

(No. 2101 ST. JOSEPH AVE.)

St. Ward

2. FULL NAME MARY ANN FRIEDE

(a) Residence, No. 2101 ST. JOSEPH AVE., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 17TH, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY FRIEDE

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 16, 1936. I last saw h. e. r. alive on May 16, 1936. Death is said to have occurred on the date stated above, at 4:30 a. m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 4TH, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 13

Other contributory causes of importance: arteriosclerotic hypertensive & other myocardial-arteriosclerosis
Date of onset: Several Hemorrhage May 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MANAGER OF HOTEL
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 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PEORIA ILL.

Name of operation: none Date of: 30
What test confirmed diagnosis? Allen Was there an autopsy?

13. NAME WM. J. NEUMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY

15. MAIDEN NAME MARY ANN SUITOR

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY

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.

17. INFORMANT MRS. W. R. FROGGE (ADDRESS) KANSAS, CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORA DATE May 19 1936

Manner of injury Nature of injury

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) ST. JOSEPH, MO.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Dr. J. H. Deegan, M. D. (Address) 1110 1/2 E. 12th St. St. Joseph, Mo.

20. FILED 5/19 1936 H. J. Kettlewell Registrar.

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.

