JUN 22 1936

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

Do not use this space.

19232

File No. .....

Registered No. 14

1. PLACE OF DEATH

County Henry

Registration District No. 14

Township .....

Primary Registration District No. 4211

City Windsor (No. ....., ... St. ..... Ward)

2. FULL NAME Eliza Annie Friedley

(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. 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 Louis Maxwell Friedley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th, 1862

7. AGE: Years 73 | Months 4 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Saline Co. Mo.

FATHER

13. NAME Antney S. Rumans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Sarah E. Potter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Bessie Way
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Nebo Cem. DATE May 16th, 1936

19. UNDERTAKER C. R. Rapp & Son
(ADDRESS) Stover, Mo

20. FILED 5-15-36 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to May 14, 1936

I last saw her alive on May 14, 1936. Death is said to have occurred on the date stated above, at 2 15 p.m.

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

	Date of onset
Pulmonary tuberculosis	
23	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify .....

(Signed) Ray B. Jordan, M. D.

(Address) Windsor Mo.

N. B.—Every item of information ... CAUSE OF DEATH in plain terms, so that it may be ... important.