JUN 22 1936

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

Do not use this space.

19596

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: East — Primary Registration District No.: 1002
City: Kansas City, Mo. No.: Research Hospital St.: Ward:

File No.:
Registered No.: 2554

2. FULL NAME: Babe Fry
(a) Residence, No.: 320 No. Clinton Place 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): Babe

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22, 1936

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): K. C. Mo.

FATHER
13. NAME: Jack Louis Fry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bartlesville Okla.

MOTHER
15. MAIDEN NAME: Gillean Catherine Faris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.

17. INFORMANT (ADDRESS): Jack Louis Fry.

18. ~~BURIAL~~, CREMATION, ~~REMOVAL~~
PLACE: Research Laboratory DATE: 5/22/36, 19

19. UNDERTAKER (ADDRESS): None

20. FILED: May 24, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936, to May 22, 1936
I last saw her alive on May 22, 1936. Death is said to have occurred on the date stated above, at 10/10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anencephalic Deformity	

Other contributory causes of importance:
None

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Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? yes

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) Fred B. Kruger, M. D.
(Address) 510 Prof. Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD