

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.

JUN 27 1936

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

Do not use this space.

21645

1. PLACE OF DEATH

County Schuyler  
Township Coatsville  
City Coatsville (No. ....)

Registration District No. 807  
Primary Registration District No. 6052

File No. ....  
Registered No. 2  
St. .... Ward

2. FULL NAME John Harvey Frady

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> (OR) WIFE OF <u>Mrs. John Frady</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6-1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-13-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to May, 1936  
I last saw him alive on May-13-1936 Death is said to have occurred on the date stated above at Coatsville  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

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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? Yes  
If so, specify .....

(Signed) P. J. Hart, M. D.  
(Address) Coatsville, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Iowa</u>
	13. NAME <u>James E. Frady</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	15. MAIDEN NAME <u>Caroline Davis</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>Mrs. John Frady Coatsville Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. O. O. F. Cem</u> DATE <u>May 15</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>John A. Roberts Lancaster, Mo.</u>	
20. FILED <u>5/25</u> 19 <u>36</u> <u>Chambers</u> Registrar.	

