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.

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

Do not use this space.

31031

SEP 1 1936

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kan~~ — Primary Registration District No. 1002 — Registered No. 3330
City Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME Henry W Frye
(a) Residence, No. 2818 Troost St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-10-1861

7. AGE: YEARS 75 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Water Dept KC
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbina Mo

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Harriett Frye 2818 Troost

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelbina-Mo DATE Aug-19 1936

19. UNDERTAKER (ADDRESS): Dwyer Comers Sons Kansas City-Mo

20. FILED 8/18 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Aug 18, 1936
I last saw him alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1935
94 b	

Other contributory causes of importance:
Retention of Urine caused by hypertrophied prostate necessitating Suprapubic Cystotomy

Name of operation Suprapubic Cystotomy Date of 8/15/36
What test confirmed diagnosis? Physical Was there an autopsy? ?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no injury
Manner of injury no injury
Nature of injury no injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Edward L. Stewart, M. D.
(Address) 1115 Grand ave. K.C. Mo.

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