

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

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.

37099

1. PLACE OF DEATH

County Clay ✓
Township ~~Fishing Lake~~
City Excelsior Springs, Mo No. _____

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. _____
St. _____ 3d Ward

2. FULL NAME FRIDIA, Richard C# 1 647 193

Veterans Administration Facility
(Usual place of abode) Excelsior Springs, Mo. St. _____ Ward _____

1213 Garfield, Apt. 6
Kansas City, Missouri
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1892

7. AGE YEARS 44 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Texas

FATHER 13. NAME William Fridia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Alice Peppers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL National Cemetery
PLACE Leavenworth, Ks. DATE 10-16-36

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Missouri

20. FILED 10-17-1936 Mr. R. M. Crason
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1936 19__

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1934 19__, to Oct. 12, 1936 19__

I last saw him alive on Oct. 12, 1936 19__ Death is said to have occurred on the date stated above, at 11:55 m. A.M.

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

Tuberculosis, pulmonary

Other contributory causes of importance None

Pleurisy with effusion bilateral Tuberculous peritonitis

Name of operation None Date of _____

What test confirmed diagnosis? X-Ray & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 None

(Signed) H. C. Hardegree, MD, Clin. Dir., M. D.

(Address) Veterans Administration Facility Excelsior Springs, Missouri.

