

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

Do not use this space.

JAN 20 1937

145722

1. PLACE OF DEATH

County Jackson Registration District No. 404
Township Russ Wadington Primary Registration District No. 5558
City Wrensburg (No. 8444 Wornall Road) St. 5 Ward

2. FULL NAME

Julia E. Friedrichsen
(a) Residence No. 5820 Central 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Chris Friedrichsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 19

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

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) unknown

13. NAME Edmonda

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mr. Gibson (ADDRESS) 8444 Maell Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE mt maial DATE Dec-24-1936

19. UNDERTAKER Mrs. C. L. Gardner (ADDRESS) 918 Broadway Ave

20. FILED Dec 24, 1936 Fred R. Lindsay Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21-1936

22. I HEREBY CERTIFY That I attended deceased from 12-21-1936 to 12-21-1936, 1936

I last saw him/her alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:15 m.

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

Tobacco pneumonia Date of onset _____

Other contributory causes of importance MI

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? _____

If so, specify _____

(Signed) [Signature], M. D.

(Address) [Signature]

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