

MAR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

5 County Barry Registration District No. 34 File No. 4905  
 Township Capitol Primary Registration District No. 6239 Registered No. 3  
 City (No. ) St. Ward

## 2. FULL NAME

F. A. FREEZE  
 (a) Residence, No. Route 1, Cassville, Mo. St. Ward. 1  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 67 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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 HUSBAND OF (OR) WIFE OF <u>Effie Maude Freeze</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 29, 1870</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <u>23</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Adult Education</u>		
10. Date deceased last worked at this occupation (month and year) <u>2-22-37</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry County Missouri</u>		
13. NAME <u>Robert Freeze</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green County Tennessee</u>		
15. MAIDEN NAME <u>Jane Hankins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry County Missouri</u>		
17. INFORMANT (ADDRESS) <u>John Freeze Route 1, Cassville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Antioch Center</u> DATE <u>2-24</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Keon Funeral Home Cassville, Mo.</u>		
20. FILED <u>Feb. 24, 1937</u> <u>Mrs. H. P. Searay</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1937

22. I HEREBY CERTIFY That I attended deceased from 1933 19   to Feb. 1 1937  
 I last saw him alive on Feb. 1 1937 Death is said to have occurred on the date stated above, at 2:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic endocarditis Date of onset

Other contributory causes of importance: AS

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 Chronic Endocarditis  
 (Signed) Henry M. Salzer M. D.  
 (Address) Cassville, Mo.

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.

