

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 871
Township Mitz Primary Registration District No. 6154
City (No.) St. Ward

File No. 9196
Registered No. 3

2. FULL NAME

Isaac Sidney Fritts
(a) Residence, No. Rinehart, Mo. R.F. 2C Ward. (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

3. SEX m 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 Alice Fritts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 Wisconsin13. NAME William Fritts14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin15. MAIDEN NAME Martha Bennett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Bertie Fritts (ADDRESS) Rinehart, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Richies, Mo DATE Feb 12, 193719. UNDERTAKER Ferry Funeral Home (ADDRESS) Newada, Mo20. FILED Feb. 12, 1937 C. H. Meuser, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 9, 1937. I last saw h. m. alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

'Flu' Date of onset Feb 4thOther contributory causes of importance: Diabetes Mell. unknownName of operation none 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? No

If so, specify

(Signed) Est. Diston M. D.(Address) Newada, 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.

