

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH
107 County Texas
Township Dale
City (No. _____) _____ (Ward _____)

Registration District No. 1077
Primary Registration District No. 6142

File No. 21570
Registered No. 18

2. FULL NAME Mrs Erma Blanche Frytag
(a) Residence, No. _____ 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

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 30 - 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 37 11 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whf.
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) Jarvis Iowa

FATHER
13. NAME Bert Kleopher

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

MOTHER
15. MAIDEN NAME Minnie Noller

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

17. INFORMANT Mrs Minnie Kleopher
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Side DATE May 18 1937

19. UNDERTAKER (ADDRESS)

20. FILED 5/17/1937 J. B. M. Daniels M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1937, to _____, 19____
I last saw him alive on Jan. 10 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Reelmer Lobucodosis

Other contributory causes of importance: 23

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) J. B. M. Daniels, M. D.
(Address) Harmonville 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.

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