

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If not stated, state nearest. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Amateur
AUG 26 1937

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

Do not use this space.

27820

1. PLACE OF DEATH *Miss.*
 County..... Registration District No. *5-67*
 Township..... Primary Registration District No. *4334*
 City *East Prairie* (No.) St. Ward

2. FULL NAME *Caral Gene Fressell*
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 24 - 1937</i>		
7. AGE YEARS	MONTHS	DAYS
	<i>1</i>	<i>14</i>
If LESS than 1 day, hrs. or min.		
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.	
	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) <i>Miss Co Mo.</i>		
FATHER	13. NAME <i>Boyd Fressell</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Gene Matheny</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>East Prairie Mo.</i>	
17. INFORMANT (ADDRESS) <i>Boyd Fressell East Prairie Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Dogwood</i> DATE <i>7/9</i> 19 <i>37</i>		
19. UNDERTAKER (ADDRESS) <i>Samuel Kelly East Prairie Mo.</i>		
20. FILED <i>July 9 1937</i> <i>H. M. Hodges</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8th 1937*

22. I HEREBY CERTIFY, That I attended deceased from *July 4* 1937 to *July 8* 1937
 I last saw h. *alive* on *July 5* 1937 Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Colitis
 Date of onset

Other contributory causes of importance:
HAB

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) *A. J. Matheny* M. D.
 (Address) *East Prairie Mo.*

