

OCT 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Madison Registration District No. 538  
 Township St Michael Primary Registration District No. 3028  
 City Fredericktown (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_
File No. 34728Registered No. 69

## 2. FULL NAME

 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rodman Fraysher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1856
 7. AGE YEARS 80 MONTHS 11 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Heddon (STATE OR COUNTRY) Missouri

 13. NAME Benjamin Unfled

 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) \_\_\_\_\_

 15. MAIDEN NAME Larina Counts

 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) \_\_\_\_\_

 17. INFORMANT Mrs Joe Unfled (ADDRESS) Fredericktown Mo

 18. BURIAL, CREMATION, OR REMOVAL Artists Cem Cross Roads DATE Sept 30, 1937

 19. UNDERTAKER Ed H Webb (ADDRESS) Fredericktown Mo

 20. FILED Sept 30, 1937 S. C. Slaughter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 193722. I HEREBY CERTIFY, That I attended deceased from September 28, 1937 to Sept 28, 1937I last saw her alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 5:05 P.M.

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

ApoplexyDate of onset Sept 26

Other contributory causes of importance: \_\_\_\_\_

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? No

If so, specify \_\_\_\_\_

(Signed) E. E. Higgins, M. D.(Address) Fredericktown, MoBy C. A. Schwanes

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.

