

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

Do not use this space.

1879

1. PLACE OF DEATH
 4 County Audrain Registration District No. 24
 2 Township Prairie Primary Registration District No. 4018
 0 City Ladonia St. _____ Ward) _____
 2. FULL NAME Jacob Freyer 660
 (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 50 yrs. mos. ds. How long in U. S., if of foreign birth? 85 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Matilda Freyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1843
 7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. or min.
94 11 29
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Wurtenberg Germany
 FATHER
 13. NAME Not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) W. Freyer Ladonia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Ladonia Mo. Jan 30 1938
 19. UNDERTAKER (ADDRESS) H. G. Grabinger Ladonia
 20. FILED 1-29 1938 W. S. McCall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1938
 22. I HEREBY CERTIFY, That I attended deceased from August 137, to Jan 29 1938
 I last saw him alive on Jan. 29 1938. Death is said to have occurred on the date stated above, 12.50 A.M.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset Jan. 10
 Other contributory causes of importance:
Arterio-Sclerosis
Senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical. Was there an autopsy? No
 23. If death was due to any cause (other than) all 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.
FEB 21 1938
 Manner of injury _____
 Nature of injury _____
 BUREAU OF VITAL STATISTICS
 MO. STATE BOARD OF HEALTH
 24. Was disease of injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. S. McCall, M. D.
 (Address) Ladonia 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.

