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.

REC'D MAR 17 1938

47

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

Do not use this space.

17

1. PLACE OF DEATH
County Iron
Township Iron
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1159
Primary Registration District No. 3349

File No. 6952
Registered No. 4

2. FULL NAME Stillborn Fryman 655

(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ###

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ###

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	0	0

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) Banner Mo.

FATHER
13. NAME Elza Fryman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

MOTHER
15. MAIDEN NAME Mary Harbison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT T. E. Fryman
(ADDRESS) Banner Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Banner Mo. DATE 6/22/36, 19

19. UNDERTAKER White & Son
(ADDRESS) Ironton Mo.

20. FILED Feb 20, 1938 Mrs. J. A. Townsend, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolapse of cord	
in labor &	
prolapsed labor.	

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? .....
If so, specify .....
(Signed) B. M. Fitzpatrick, M. D.
256 (Address) Lesterville, Mo