REC'D SEP 27 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 29478

Township Miller — Primary Registration District No. 5739 — Registered No. 214

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Benjamin Franklin Fry 6 0-7

(a) Residence, No. Marion County St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred no yrs. 10 mos. 2 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Jane Fry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 27 1849

7. AGE: YEARS 89 — MONTHS 5 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): 16 years ago
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Township 0 Missouri

FATHER

13. NAME: William k. Fry 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 9

MOTHER

15. MAIDEN NAME: America Kerby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mrs. William Cary, Sr.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Greenwood DATE: 8/15/38, 19..

19. UNDERTAKER (ADDRESS): Palmyra Mo Louis Brothers Palmyra Mo

20. FILED: Aug 15 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936 to Aug 13, 1938

I last saw him alive on Aug 13, 1938. 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:

Epithelioma starting on lower lip - finally involving whole lower jaw and throat

Date of onset

Other contributory causes of importance: 45 N

Name of operation: none Date of .....

What test confirmed diagnosis? Gnl sym to 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) A. L. Shanks, M. D.

488 (Address) Hannibal 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.