

REC'D SEP 14 1938

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

Do not use this space.

30132

1. PLACE OF BIRTH

County Shannon
Township Spring Valley
City Spring Valley (No. 101)

Registration District No. 1077
Primary Registration District No. 6088

File No. 30132
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Freda Louise Frye

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19 - 1938

I last saw her alive on 8/19/1938. Death is said to have occurred on the date stated above, at 11:38 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 1/2 hrs. or min.

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

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

Pneumonia
Other contributory causes of importance: 154'

12. BIRTHPLACE (CITY OR TOWN) Summersville (STATE OR COUNTRY) Missouri

13. NAME Charles Noble Frye

14. BIRTHPLACE (CITY OR TOWN) Summersville (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jerna Jones

16. BIRTHPLACE (CITY OR TOWN) Summersville (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Charles Frye - mother (ADDRESS) Summersville - Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Bell Cemetery DATE Aug. 21 1938

19. UNDERTAKER Perry Summersville (ADDRESS) Summersville - Mo

20. FILED 8/22/1938 J. B. McDowell Registrar

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) J. B. McDowell, M. D.
(Address) Summersville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

