

REC'D SEP 28 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH30209
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 862
 (b) Township Burdine Primary Registration District No. 6135- Registered No. 78
 (c) City Cabool (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 8 1/2 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

William Gillif Fry 60
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 | 6 | | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O.

FATHER 13. NAME Hazel Fry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. T.

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Flora Fry Cabool Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Aug 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord V. Elliott Cabool Mo.

20. FILED Sept 9, 1938 Mrs. Chris Cunningham (Address) Cabool Mo.
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Aug 11, 1938
 Last saw him alive on Aug 11, 1938 Death is said to have occurred on the date stated above, at 9:40 p.m.

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

Multiple Carcinoma
esophagus
Tongue
 Date of onset 1935

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) J. M. Collins, M. D.

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STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

OCCUPATION

EMBALMER

REGISTERED APPRENTICE

S-30209