

REC'D OCT 18 1938

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

31571

Do not use this space.

## 1. PLACE OF DEATH

(a) County AndrewRegistration District No. 13

(b) Township

Primary Registration District No. 4010

Registered No. \_\_\_\_\_

(c) City Savannah(d) Street No. \_\_\_\_\_  
(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

yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Frank Linn Fritchman 632(a) Residence, No. 611 West Main St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary A Fritchman

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

Sept 30, 1856

7. AGE

YEARS

81

MONTHS

11

DAYS

8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as saw mill, bank, etc.

FARMER

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)

Newton eo penn

FATHER

13. NAME

John Fritchman

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

Westport Penn

MOTHER

15. MAIDEN NAME

Susie Linn

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

Unknown Penn

17. INFORMANT (ADDRESS)

Fred Fritchman Savannah mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Savannah DATE 9-10 1938

19. FUNERAL DIRECTOR (ADDRESS)

F. C. Breit Savannah mo

20. FILED

9-9 1938 Wm A P. [Signature]

(Local Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8 1938

22. I HEREBY CERTIFY, That I attended, deceased from

Oct 7<sup>th</sup> 1938 to Sept 8<sup>th</sup> 1938I last saw him alive on Sept 7<sup>th</sup> 1938. Death is saidto have occurred on the date stated above, at 12:05 A.M.

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

Uremic Poison  
Kidney stone calcicDate of onset  
Jan 2-38  
109-37

Other contributory causes of importance:

age 134Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. H. [Signature], M. D.(Address) Savannah mo

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MC

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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