

Exact statement of OCCUPATION is very important.

REC'D FEB 23 1939

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

Do not use this space.

3181

1. PLACE OF DEATH

70 County Montgomery Registration District No. 591
Township 1109 Primary Registration District No. 5789
City 1100 Olveria (No. 1100) St. 1 Ward 1

2. FULL NAME

Olveria Friederike Fries

(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17th 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1937 to Jan 17th 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 24 - 1869

I last saw him alive on Jan 17th 1939. Death is said to have occurred on the date stated above, at 8 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 5 23

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. Housewife

Chronic Intestinal Nephritis Date of onset

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. 131

Other contributory causes of importance: Coronary Embolism

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville, Ill.

13. NAME Chas Plettenberg

Name of operation None Date of -
What test confirmed diagnosis? None Was there an autopsy? -

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

15. MAIDEN NAME Mary Fingethold

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? - Date of injury -, 1939

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

Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -

17. INFORMANT (ADDRESS) Fred Plettenberg, Montgomery City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Center DATE Jan 19 - 1939

19. UNDERTAKER (ADDRESS) F. W. Kuhse, Wellsville, Mo.

20. FILED 1119 1939 L. H. Rigg Registrar

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify -

(Signed) A. H. Hesch, M. D.
(Address) Wellsville, Mo.

