

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton

Registration District No. 347  
Primary Registration District No. 3018

File No. 23612  
Registered No. 90  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Louis delia, Fryling

(a) Residence No. 320 71-3 St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 W H Fryling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 19 1867

7. AGE YEARS MONTHS DAYS 65 9 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housekeeper (b) General nature of industry, business, or establishment in which employed (or employer) in own home (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo

10. NAME OF FATHER W H Conkors

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Elizabeth Conkors

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Mrs Arch Monday Clinton Mo

15. FILED July 2 1928 Dr. E C Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1928

17. I HEREBY CERTIFY, That I attended deceased from June 18 to July 2 1928 that I last saw her alive on July 2 1928, and that death occurred, on the date stated above, at 1362 n.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Paralysis of Right  
Stenoplegia of right  
side (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1500

IF NOT AT PLACE OF DEATH, DATE OF \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Jamnet A Poore M. D. (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL July 3 1928

20. UNDERTAKER Spore Son Clinton Mo ADDRESS

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.

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poore

