

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

Do not use this space.

19529

1. PLACE OF DEATH
 4 2. County Newton Registration District No. 347
 4 Township Clinton Primary Registration District No. 3018
 7 City Clinton (No. _____) St. _____ Ward _____
 2. FULL NAME Wm Friend
 (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.

File No. _____
 Registered No. 24
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1871-8-20
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 9 22
 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. laborer
 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) Missouri
 13. NAME Amer Friend
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Elizabeth Mathews
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Mrs Mary Walters
 (ADDRESS) Wichita, Kansas
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 6-13 1933
 19. UNDERTAKER B. A. Rickett
 (ADDRESS) Brownington Mo
 20. FILED 19 Ed C. Peelor
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 12, 1933
 I last saw him alive on June 11, 1933 Death is said to have occurred on the date stated above, at 2:45 a. m.
 The principal cause of death and related causes of importance were as follows:
Patient found ~~unconscious~~ in coma from history obtained from family probably cerebral abscess
 Date of onset June 10/33
 Other contributory causes of importance:
Older medicine May/33
 Name of operation _____ 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? 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) S. B. Hughes, M. D.
 (Address) Clinton, Mo

WRITE PLAINLY, WITH UNFADING-INK---THIS IS A PERMANENT RECORD

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.

JUN 22 1933

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