

**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 (No. 1)

Registration District No. 347
Primary Registration District No. 3018

File No. 29032
Registered No. 129
St. 1 Ward 1

2. FULL NAME

Edward T Fraley

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Fraley

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>53</u>	<u>5</u>	<u>5</u>	

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Path County

FATHER 13. NAME E. T. Fraley

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

MOTHER 15. MAIDEN NAME Martha Bishop

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

17. INFORMANT (ADDRESS) Mrs. E. T. Fraley

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountaineer Mo DATE 4-5-34

19. UNDERTAKER (ADDRESS) Tom Hunt

20. FILED 8-8-34 J. R. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to Aug 3, 1934
I last saw him alive on August 2, 1934 Death is said to have occurred on the date stated above, at _____ m.

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

Injury to Spine Pyleonephritis

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/13/34

Where did injury occur? Henry County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0 Region 13
Manner of injury Ran into by load of oak
Nature of injury Spinal Hemorrhage

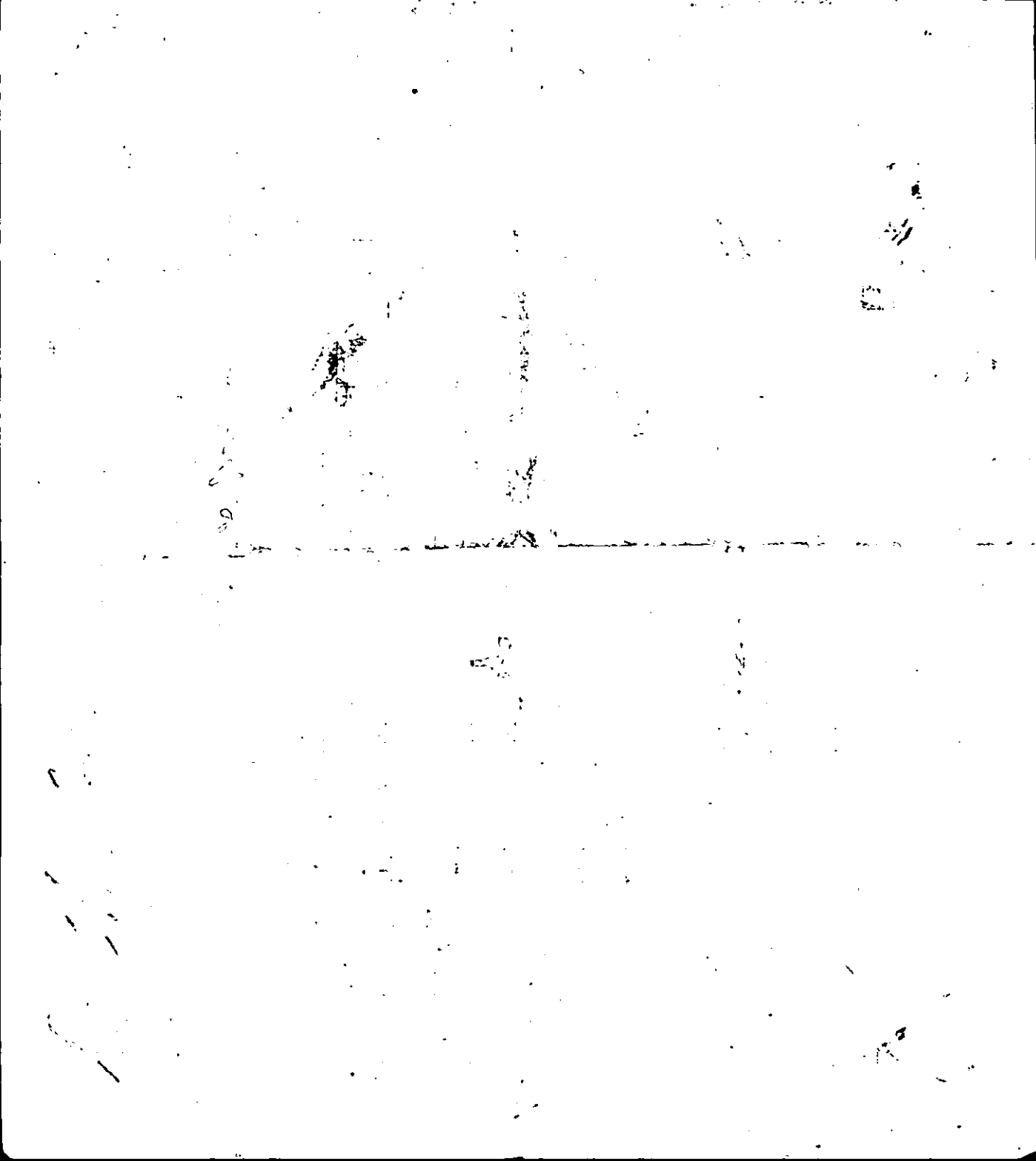
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) S. W. Wolcott, M. D.
(Address) Cleveland 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.

AUG 13 1934



#2. *Henry T. Frola*
W. H. Frola

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
103.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Edward T Frola
Who died near Canton, Mo on Aug - 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth March 26 1881 Age: Years 53 Months 4 (Days 7)

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

~~Date deceased last worked at this occupation: Month _____ Year _____~~
~~Birthplace (State or country) _____~~
~~Birthplace of father (State or country) _____~~
~~Birthplace of mother (State or country) _____~~
Principal cause of death: Injury to spine

Other contributory causes of importance 2/2
Name of operation no Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/26, 1934
Where did injury occur? On Highway 13 between Depue & Canton
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
On Highway 13 while moving a wagon (log)
Manner of injury while attempting to load and was thrown to ground
Nature of injury fracture probably hematoma
Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
Name of physician S W Wolken M D
Address of physician Depue, Mo
Signature of Registrar J R Ainsworth Date filed 88-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No: 347 Very truly yours,
Primary Reg. Dist. No. 3018 E. T. McGaugh, M.D.
Special Agent.

F 29032

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