

REC FEB 7 1939

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

2450
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
(b) Township Windsor Primary Registration District No. 4211
(c) City Windsor (d) Street No. _____ St.
(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

Amanda V Fry
(a) Residence, No. 203 W Florence St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Jackson Fry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-1875
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
63 6 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trinity, West of Lewis Co, Kentucky

13. NAME Angus M. Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

15. MAIDEN NAME Georgia A. Roy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

17. INFORMANT (ADDRESS) Jackson Fry, Windsor, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo DATE 1-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Wilkison, Clinton, Mo

20. FILED 1-24-39 1939 J. A. Blackmore Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb. 1, 1932 to Jan. 22, 1939

I last saw her alive on June 22, 1939. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Valvular Heart Disease

Date of onset 1935

Other contributory causes of importance:

Chronic Nephritis

1933

Name of operation none Date of _____
What test confirmed diagnosis? Clinical and physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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. A. Blackmore, M. D.
(Address) Windsor, Mo.

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.

RECEIVED

District Health Officer No.
District File Number 7-39-1
Date Filed 2-3-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Fred Weckesser*

Licensed Embalmer No. *9-4978*

P. O. Address *Clinton*

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.)

If this body is not embalmed, above space should be left blank.