

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.

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

Do not use this space.

FILED AUG 16 1941

25194

1. PLACE OF DEATH

County Henry
Township _____
City Windsor

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME Jackson A. Fry

(a) Residence, No. 200 Flammie St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

13. NAME William Fry

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Arlene Fidler (ADDRESS) Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor cem DATE 6-30 1941

19. UNDERTAKER Fred C. Williamson (ADDRESS) Windsor Mo

20. FILED 6-30 19 41 Registrar J. A. Blackmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1941

22. I HEREBY CERTIFY That I attended deceased from March 10, 1941 to June 28, 1941

I last saw him alive on June 28, 1941. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Valvular Heart Disease Date of onset not known

Other contributory causes of importance: 1318
Chronic nephritis

Name of operation none Date of _____
What test confirmed diagnosis? Clinical and chemical 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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1320

Date Filed 8-13-41