LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County: McDonald

Township: Pineville
or
Village:
or
City: (NO. ..... St.: ..... Ward)

Registration District No. 1149 File No. 22800-D

Primary Registration District No. 5696 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Fay Elizabeth Fritz

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feby 12 (Month) (Day), 1903 (Year)

7 AGE: 16 yrs. 4 mos. 28 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry business, or establishment in which employed (or employer):

9 BIRTHPLACE (City or town, State or foreign country): Ark

PARENTS

10 NAME OF FATHER: Robt M Fritz

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Ark

12 MAIDEN NAME OF MOTHER: Ava Williams

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Fannie Van Horn
(Address): Pineville Mo

15 Filed July 1, 191..., O S John Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 10 (Month) (Day), 1919 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apl 17, 1919, to July 8, 1919, that I last saw her alive on July 9, 1919, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

23A

3

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O S John M. D.

..... 191... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Pineville

DATE OF BURIAL: July 1, 1919

20 UNDERTAKER: P L Carnell

ADDRESS: Pineville

OVER

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County McDonald Co

Township Pineville — Registration District No. ..... File No. .....

or

Village ..... Primary Registration District No. ..... Registered No. .....

or

City ..... (NO. ..... St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME [illegible]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown (Month) ..... (Day) ....., 1 ..... (Year)

7 AGE: 6 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None

(b) General nature of industry business or establishment in which employed (or employer) .....

9 BIRTHPLACE (City or town, State or foreign country): Mo

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo

12 MAIDEN NAME OF MOTHER: Susan Collins

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [illegible]

(Address) Anderson R3

15 Filed [illegible] 12 19 21 O. S. John Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr 18 (Month) ..... (Day) ....., 1920 (Year)

17 I HEREBY CERTIFY, that I attended deceased from ....., 191....., to ....., 191....., that I last saw h..... alive on ....., 191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

[illegible]

No attending Physical

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] O. S. John M. D.

....., 191..... (Address) Registrar

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ....., 191.....

20 UNDERTAKER

ADDRESS