

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

Do not use this space.

6669

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. Very Central)

File No.

Registered No. 1618

St.

Ward)

2. FULL NAME

Aaron Frisby

(a) Residence. No. 1415 N 13

St., 25 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs.

mos.

ds.

How long in U.S., if of foreign birth?

ysr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Kate Frisby

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

Dec 14 1872

7. AGE

YEARS

MONTHS

DAYS

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

55

2

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

10. NAME OF FATHER

Sam J. Frisby

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Idaho

12. MAIDEN NAME OF MOTHER

Mam Conely

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Idaho

14.

INFORMANT

(Address)

Sam Frisby
1415 N 13 St

15.

FEB 11 1928
FILED 19

Sam Frisby

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 11 1928

17.

I HEREBY CERTIFY That I attended deceased from

Jan 14 1928, to Feb 11 1928

that I last saw him alive on Feb 11 1928 and that death occurred, on the date stated above, at 11 25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

X1

2340/2

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY Tuberculosis

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Henry C. Westerman, M. D.

Feb. 13, 1928 (Address) Very Central

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Foreigners

2-14 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Market

WRITE PERMANENTLY, 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.

Amery