

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

Do not use this space.

16023

1923

1. PLACE OF DEATH  
 County Andrain Registration District No. 26  
 Township Wabawa Primary Registration District No. 3002  
 City Mexico, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Aetha Fry  
 (a) Residence. No. But at Mexico Hospital 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Wm Fry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6<sup>th</sup> 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
<u>64</u>	<u>3</u>	<u>29</u>			

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) X  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Andrain Co., Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Clagett Offutt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wabawa Co., Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pink J. Buckner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

14. INFORMANT W. J. Offutt  
 (Address) Mexico Mo.

15. May 10 1923  
 FILED Ira S. Milligan  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from May 5 1928, to Time of death, 1928 that I last saw her alive on May 5, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental - Ran over by automobile fracturing the skull internal injuries  
11/21/28 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None  
 (Signed) J. F. Hennes, M. D.  
Merxvassell Mo, 19 \_\_\_\_\_ (Address)

\*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 West Minister Cemetery DATE OF BURIAL May 7<sup>th</sup> 1928

20. UNDERTAKER Hughes Maupin ADDRESS Aux Vasse

PLAINLY, WITH UNFAVORABLE

Information should be carefully supplied and stated EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION is very important.

30



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Madison  
Township .....  
City Mexico (No. ....)

Registration District No. 26  
Primary Registration District No. 3082

File No. ....  
Registered No. 75  
St. .... Ward

**2. FULL NAME** Mary Aletha Fry

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
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**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY)

14.

INFORMANT .....  
(Address)

15.

May 10<sup>th</sup> 1928 Ira S Milligan  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental. Ran over by automobile fracturing the skull & internal injuries  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTOR (SECONDARY) Suppose No  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)....., M. D.

, 19 (Address)

\*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

19

20. UNDERTAKER

ADDRESS

WRITE PAINLY, WITH UNFAING INK---THIS IS PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. SEX, should be stated EXACTLY. Exact statement of OCCUPATION is very important. RARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

