

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.

OCT 28 1930

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

Do not use this space.

29372

1. PLACE OF DEATH

County..... Cedar Registration District No. 163
 Township..... Box Primary Registration District No. 2228
 City..... (No.) St. Ward)

File No.
 Registered No. 39
 St. Ward)

2. FULL NAME

Harriet E Friesz
 (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 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 R.A. Friesz
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1858-Feb 23
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 6 25

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stockton
 (STATE OR COUNTRY) Cedar

10. NAME OF FATHER Andrew S. Steward

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

12. MAIDEN NAME OF MOTHER Emilee Moor

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

14. INFORMANT R. A. Friesz
 (Address)

15. FILED 9-23-1930 J. W. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 18 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1930, to Sept. 18, 1930
 that I last saw h. alive on Sept. 17, 1930, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral hemorrhage

82A
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) TPM
 (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) H. A. Smurell M. D.
9-18-1930 (Address) Coplinger Mills Mo

*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 Waggoner DATE OF BURIAL Sept 18 1930
 20. UNDERTAKER David Co ADDRESS Stockton

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