WRITE PLAINLY, 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.

APR 23 1932

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

Do not use this space.

11533

1. PLACE OF DEATH

6 County Barton — Registration District No. 1017 — File No. 2

Township Union — Primary Registration District No. 5060 — Registered No. 2

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Cora 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 41 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: L. W. Fry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-25th 1866

7. AGE: 65 Years — Months: 6 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Lasalle
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Wm Luxford

11. BIRTHPLACE OF FATHER (CITY OR TOWN): 8
(STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Barbara Yackey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): 26
(STATE OR COUNTRY): Switzerland

14. INFORMANT: L. W. Fry
(Address): Irwin, Mo. R. 1

15. FILED: April 24th 1932 — A. Gould, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April-4th 1932

17. I HEREBY CERTIFY, That I attended deceased from April-1st, 1932, to April-3rd, 1932 that I last saw her alive on April-2nd, 1932, and that death occurred, on the date stated above, at 5 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
929
102
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) 1 yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF (1)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Popplewall, M. D

4-3-, 1932 (Address) Lamar 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: Sheldon Cemetery — DATE OF BURIAL: apr 5th 1932

20. UNDERTAKER: G. W. Beeney & Son's — ADDRESS: Sheldon Mo