

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

Do not use this space.

22773  
2001

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Jean Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 75 C. General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Charles Fry  
 (a) Residence, No. 1901 Broadway Ward 3  
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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 Bessie Fry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
63      5      14

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. car Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

13. NAME Edward Fry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Fannie Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT Reena Clark  
 (ADDRESS) 75 C. Genl Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE Washingt. Tor DATE July 9 1932

19. UNDERTAKER Mrs. E. R. Foster  
 (ADDRESS) K. C. Mo.

20. FILED 7/9 1932 M. M. Payne Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-32

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1932 to 7-8 1932  
 I last saw him alive on 7-8 1932 Death is said to have occurred on the date stated above, at 1:00 P. m.  
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease  
95%  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Retired  
 (Signed) P. J. Williams M. D.  
 (Address) 5-17 75 C. Genl Hosp KCMO

N. B.—Every item of information should be carefully supplied. A statement of EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 .....

Registration District No. 399

Township .....

Primary Registration District No. 1002

City K. City (No. ....)

File No. ....

Registered No. 2681

St. .... Ward

**2. FULL NAME**

Charles 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 - 1869

I last saw h..... alive on ....., 19.... Death is said to have occurred on the ....., at ....., m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
X 63 X 4 X 14

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, for particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) .....

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19....

19. UNDERTAKER (ADDRESS) .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

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

20. FILED 7/9 1932 M. M. Crowe Registrar.

(Address) .....

**SUPPLEMENTARY**

DO NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL conditions should be stated EXACTLY. Statement of OCCUPATION should be stated EXACTLY.

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