

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

Do not use this space.

36200

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 36200
Township Springfield Mo Primary Registration District No. 2001 Registered No. 777
City Springfield Mo (No. Springfield Baptist) Ward

2. FULL NAME

Mr Paul Williams Frieze
(a) Residence, No. Balden City, Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. - 20 - 1903
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) 3 yr 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Play, Mo

13. NAME Mr J. H. Frieze
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park County

15. MAIDEN NAME Maury June Shuwall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park

17. INFORMANT (ADDRESS) E. A. Phillips Balden City

18. BURIAL, CREMATION OR REMOVAL (ADDRESS) S. O. F. Cemetery Golden City, Mo
DATE 11-8, 1933

19. UNDERTAKER (ADDRESS) E. A. Phillips Balden City

20. FILED 11-6 1933 Ralph W. Wanger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933, to Nov 5, 1933

I last saw him alive on Nov 5, 1933 Death is said

to have occurred on the date stated above, at 9:40 p.m.

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

Basal skull fracture 11-4-33
Respiratory failure

Other contributory causes of importance: 200
2100 shock

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? Accident Date of injury 11-4, 1933

Where did injury occur? near Golden City, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public highway
Struck by automobile

Nature of injury fracture skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel L Yancey, M. D.

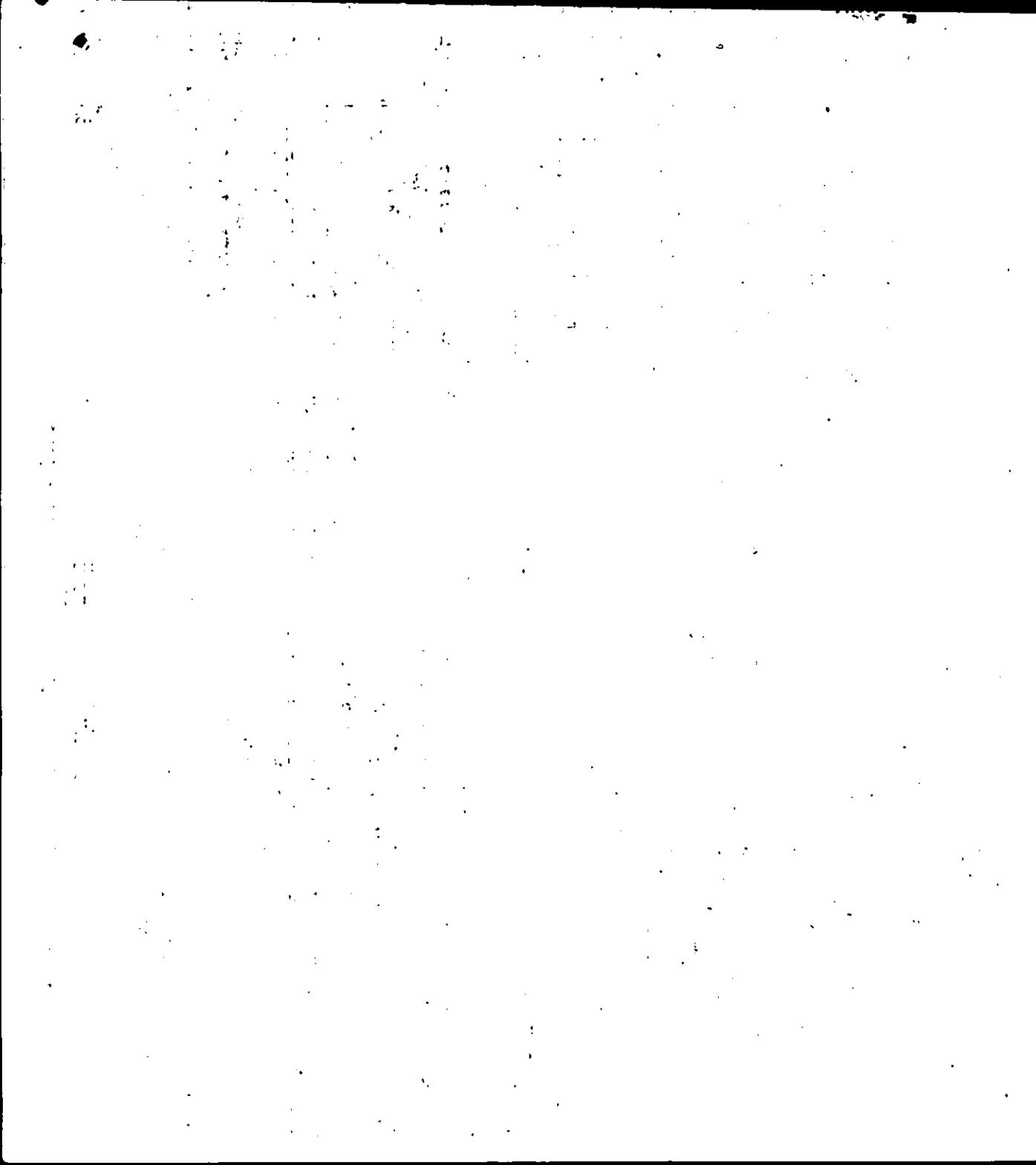
(Address) 214 N Jefferson Ave

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.

THIS IS A PERMANENT RECORD

1934

39
3
5



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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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 Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 2004 Registered No. 777
 City Springfield (No. Springfield Baptist St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) _____
 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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
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.
OCCUPATION	8. Trade, profession, or 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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	19.
19. UNDERTAKER (ADDRESS)		
20. FILED _____ 19. <u>John W. [Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1933

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

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

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

Basal ganglia fracture
Respiratory failure
Fracture struck by automobile

Date of onset _____

Other contributory causes of importance:
Shock

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 _____
 (Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

210

S-36200