OCT 16 1934

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

Do not use this space.

File No. 32071
Registered No. 83

1. PLACE OF DEATH
County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City ~~[illegible]~~ (No. R.F.D. #2 St. Ward)

2. FULL NAME Edmond Lewis Fry
(a) Residence, No. R.F.D. #2 St., 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 wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1934
7. AGE YEARS 0 MONTHS 0 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) R.F.D. #2 St Joseph Mo

FATHER
13. NAME Edmond A. Fry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Louise Virginia Drawn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFORMANT (ADDRESS) Edmond A. Fry St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Auburn DATE 9/17 1934
19. UNDERTAKER (ADDRESS) Stanley F. Hines St Joseph Mo
20. FILED Sept 17 1934 J. J. Bunsbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1934, to Sept 15, 1934
I last saw h. alive on Sept 14, 1934. Death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atresia of Oesophagus	9-6-34
157D	

Other contributory causes of importance:

157D

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy? Yes

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) W Roger Moore, M. D.
(Address) St Joseph Mo

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.

Dr Roy Moore,