

AUG 20 1935

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

Do not use this space.

24003

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. 520 1/2 S. Ohio)

Registration District No. 668
Primary Registration District No. 3032

File No. 222,235
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 520 1/2 S. Ohio 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4th 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Jefferson Missouri13. NAME Nael W Fry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina15. MAIDEN NAME Rebecca Lewis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ma17. INFORMANT (ADDRESS) Mrs Lila Fry Sedalia18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Ma DATE 7-16-193519. UNDERTAKER (ADDRESS) Mc Laughlin Bros Sedalia Mo20. FILED 7-16-1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to 7-16, 1935
I last saw him alive on 7-16, 1935. Death is said

to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio-nephritis
Arteriosclerosis - 64 yrs

Other contributory causes of importance
Name of operation None Date of _____
What test confirmed diagnosis? Fundus 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) John B. Carlisle M. D.(Address) 314 Ohio Street Sedalia 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.

