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.

DEC 20 1936

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

Do not use this space.

41186

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Menoriah Hosp. St. Ward)

2. FULL NAME Joseph E. Fry

(a) Residence, No. 708 West 47th. Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Ma.	Wh.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31st. 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	10	5	

OCCUPATION

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

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

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) Ottumwa

FATHER

13. NAME Iowa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. J. Fry No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Mrs. Marion Fry 708 WEst 47th. Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ottumwa Iowa DATE 11/8/36 19

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED Nov 6 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Nov 5, 1936

I last saw him alive on Nov 5, 1936. Death is said to have occurred on the date stated above, at 4:00 P.

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

	Date of onset
Cavernous sinus thrombosis	Nov 4, '36

Other contributory causes of importance:

Pustule in left naris	Oct 30, '36

Name of operation Date of

What test confirmed diagnosis? Autopsy 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? No.

If so, specify

(Signed) Paul F. Stookey M. D.

(Address) 962 Argyle Blvd Kansas City Mo.

Argyle [illegible]
Sta 5488
1:30 pm

MAY 14 19[illegible]