

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boyer, Grandeur
Township Boyer
City (No.) St. Ward)

Registration District No. 124
Primary Registration District No. 5179

File No. 40851
Registered No. 45

2. FULL NAME

Tom Freer
(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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 77 2 28

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

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) Missouri

13. NAME Frank Freer (husb)

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

15. MAIDEN NAME Marie Frank

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

17. INFORMANT Ma Ches Randal
(ADDRESS) Jackson mo

18. BURIAL, CREMATION, OR REMOVAL PLACE County Cemetery DATE Nov 5 3

19. UNDERTAKER McComb F + Co
(ADDRESS) Jackson mo

20. FILED 11-40 37 W. G. Schubert
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Nov 4 1937

I last saw him alive on 11-7 1937 Death is said to have occurred on the date stated above, at 730 1/2

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

chronic Mucous Colitis Date of onset 1936

Other contributory causes of importance: Chronic Nephritis 1936

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) Jackson mo, M. D.

(Address) Jackson mo

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.

