

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.

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

7834
Do not use this space.

REC'D MAR 23 1938

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033
 (c) City Louisiana, Mo (d) Street No. Pike Co Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME OCTA MAGEE Fry 600

(a) Residence, No. Louisiana, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Fry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-12-1859
 7. AGE YEARS 78 MONTHS 30 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Louisiana - Mo

13. NAME Jacob Fry

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

15. MAIDEN NAME Elizabeth Jordan

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

17. INFORMANT (ADDRESS) Leslie Fry Louisiana, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE 2/9 38

19. FUNERAL DIRECTOR (ADDRESS) J. H. Hays Louisiana, Mo

20. FILED 2/8 1938 J. H. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8-38

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1938 to 2/8, 1938

I last saw him alive on 2-7-38, 1938 Death is said to have occurred on the date stated above, at 1:30 A. M.

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

Carbuncle of neck, Septicemia Date of onset

Other contributory causes of importance: --

Name of operation Excision & drainage of carbuncle Date of 2/5/38

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 Septicemia

(Signed) J. H. Hays, M. D.
 (Address) Louisiana, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)