REC'D APR 7 1939

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

10902
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 328
(b) Township 1 Primary Registration District No. 3017 Registered No.
(c) City Trenton (d) Street No. 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marlyn Kay Fry
(a) Residence, No. 1320 Merrill Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
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) 2-18-39
7. AGE YEARS — MONTHS — DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
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) Trenton Missouri

FATHER
13. NAME Alvin Fry 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo. 0

MOTHER
15. MAIDEN NAME Sarah Wirds 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckeye Iowa

17. INFORMANT (ADDRESS) Alvin Fry Trenton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Tobias Cemetery Mercer Co. Mo. DATE 2-22-39, 19
19. FUNERAL DIRECTOR (ADDRESS) Raymond A Davis Trenton Mo.
20. FILED 2-22 1939 Irene D Fan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 20, 1939.
I last saw her alive on Feb. 20, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Premature Birth (Difficult Delivery) | Date of onset

Other contributory causes of importance: 159

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C H Cullers, M. D.
(Address) Trenton Mo.
300

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 11,
District File Number 39-169
Date Filed MAR 24 1939

STATEMENT BY LICENSED EMBALMER

I, Raymond A Davis, Licensed Embalmer No. 3424

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

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.)