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

REC'D APR 21 1938

11420
Do not use this space.

1. PLACE OF DEATH
(a) County Madison
Registration District No. 538
(b) Township Mine La Motte
Primary Registration District No. 6230
Registered No. 29
(c) City Mine La Motte
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Robert Frizzell 624
(a) Residence, No. .... 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 M
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 Ferlisty Jane LaPlant Frizzell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1857
7. AGE YEARS 81 MONTHS — DAYS 21 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) Madison Co Missouri

FATHER
13. NAME Meideen Frizzell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Sally Pruett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Will Priest
(ADDRESS) Mine La Motte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mine La Motte Mo DATE Mar 26 1938

19. FUNERAL DIRECTOR Ed H Webb
(ADDRESS) Fredericktown Mo

20. FILED Mch 26 1938 S. C. Slaughter
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1938, to Mch 25, 1938
I last saw him alive on 3/25, 1938 Death is said to have occurred on the date stated above, at 5:50 A.m.
The principal cause of death and related causes of importance were as follows:

Asthma (Chronic) — Date of onset 1900

Other contributory causes of importance:
Valvular heart lesions with arterio Schrosis

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? No
If so, specify ....
(Signed) W. Harry Barron, M. D.
481 (Address) Fredericktown Mo.

(Licensed Embalmer's Statement on Reverse Side)
By E. H. Edwards

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X12004

STATEMENT BY LICENSED EMBALMER

I, Myron A. LaPree, Licensed Embalmer No. 4025

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Body was not embalmed. L. E. No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Myron A. LaPree

Licensed Embalmer No. 4025

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.)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Madison Registration District No. 538
(b) Township Primary Registration District No. 6230 Registered No. 29
(c) City Mine La Motte (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Robert Frizzell
(a) Residence, No. 90 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	M

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	—	21	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ,19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED , 19 Local Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19.. to , 19..
I last saw h... alive on , 19.. 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:

	Date of onset
Other contributory causes of importance:	

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) W. Happy Barron, M. D.
(Address) Fredericktown Mo.