

DEC 27 1928

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

Do not use this space.

37278

## 1. PLACE OF DEATH

County Jasper  
Township Calvary  
City Joplin Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 411Primary Registration District No. 2002

File No. \_\_\_\_\_

Registered No. 488

## 2. FULL NAME

Mrs. Julia M. Fritsch  
(a) Residence. No. 720 St. Louis 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

Female

## 4. COLOR OR RACE

Wh.

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Mar.

## 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Andrew Fritsch

## 7. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 30-1882

## 8. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>46</u>	<u>5</u>	<u>13</u>	

## 9. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

No. wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 10. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

## 11. NAME OF FATHER

(STATE OR COUNTRY)

## 12. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 13. MAIDEN NAME OF MOTHER

(STATE OR COUNTRY)

## 14. INFORMANT

Andrew Fritsch  
(Address) 720 St. Louis

## 15. FILED

11-15-1928 Dr. Benson Clark  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov. 13 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1928, to Nov. 6, 1928, that I last saw her alive on Nov. 30, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

## CONTRIBUTORY (SECONDARY)

Influenza (duration) 3 yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Brown, M. D.11/5, 1928 (Address) Joplin Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Mount Calvary Nov. 17 1928

## 20. UNDERTAKER

## ADDRESS

Frank Sievers Co Joplin Mo

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.

