

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

Do not use this space.

FEB 20 1936

2164

1. PLACE OF DEATH

County Mercer Registration District No. 558
Township Lindley Primary Registration District No. 5752
City Saline, Missouri (No. Saline, Missouri) St. Saline, Missouri Ward

File No. _____
Registered No. 53

2. FULL NAME

John Frisbie
(a) Residence, No. Saline, Missouri, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1846
7. AGE YEARS 88 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) Madison County (STATE OR COUNTRY) Indiana
13. NAME Levi Sidney Frisbie
14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____
15. MAIDEN NAME Sarah Hubbard
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____
17. INFORMANT Mrs Clara Booth (ADDRESS) Saline, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Cemetery DATE January 2, 1936
19. UNDERTAKER Eddie J. Stokeland (ADDRESS) Cainsville, Missouri
20. FILED 1/2 1936 J. M. Mery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1936
22. I HEREBY CERTIFY That I attended deceased from Dec, 16, 1935, to Jan 1, 1936
I last saw him alive on Dec, 16, 1935. Death is said to have occurred on the date stated above, at 1:00 pm.
The principal cause of death and related causes of importance were as follows:
arterio sclerosis Date of onset _____
Arterio Sclerosis 12/16-25
Other contributory causes of importance: Chronic Bright's disease 1/1-30
Name of operation no Date of _____
What test confirmed diagnosis? Phys signs 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) H. Hally M. D.
1/1-36 (Address) Cainsville, Mo.

