PLACE OF DEATH

County Lewis

Township _____ or Village _____ or City Lagrange mo (NO. _____ St.; _____ Ward)

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

Registration District No. 480 File No. 26729

Primary Registration District No. 4289 Registered No. 24

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Abram Frayer

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

DATE OF BIRTH April (Month) 5 (Day), 1846 (Year)

AGE 66 yrs. 4 mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 5-01

BIRTHPLACE (City or town, State or foreign country) Vernon Wis

PARENTS
NAME OF FATHER Peter Frayer
BIRTHPLACE OF FATHER (City or town, State or foreign country) New York state
MAIDEN NAME OF MOTHER Barbara Sharp
BIRTHPLACE OF MOTHER (City or town, State or foreign country) New York state

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elvira Jones

(ADDRESS) Lagrange Mo

Filed Aug 9, 1912 W S Ellery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 9 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 6, 1912, to Aug 9, 1912, that I last saw him alive on Aug 9, 1912 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:
Gastritis - acute

118C 103

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W C Oneal M. D.

8/9/ 1912 (Address) Lagrange Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lagrange Mo	Aug 10, 1912
UNDERTAKER	ADDRESS
Leach & Sanderson	Lagrange Mo

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

PLACE OF DEATH

County Lewis

Township Union

or

Village

or

City (NO. , St.; Ward)

Registration District No. 486

Primary Registration District No. 5643

File No.

Registered No.

[If death occurred hospital or institut give its NAME ins of street and number

FULL NAME Patrick Dowling

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

DATE OF BIRTH

(Month) (Day) , 1 (Year)

AGE

yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

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

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

BIRTHPLACE (City or town, State or foreign country) Irvine Co. Ireland

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER (City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed , 191 ,

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 19

(Month) (Day) (Y

I HEREBY CERTIFY, that I attended deceased f

, 191 , to , 191

that I last saw h alive on , 191

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos.

Contributory (SECONDARY)

(Duration) yrs. mos.

(Signed)

, 191 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNDERTAKER	ADDRESS