

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

Do not use this space.

OCT 6 1927

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. P. 578
 City Holmes Park (No. Holmes Park) St. _____ Ward _____

File No. 27499
 Registered No. 101
 St. _____ Ward _____

2. FULL NAME

William Fraser
 (a) Residence. No. Holmes Park 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE <u>about 65</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farm Hand</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>A. J. King</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
PARENTS	10. NAME OF FATHER <u>Unknown</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) "	
	12. MAIDEN NAME OF MOTHER "	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1927

17. Coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental - Gored by Bull - multiple injuries
188 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 189 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

8. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? inspection
 (Signed) A. E. Moore, M. D.
4-18-1927 (Address) Coroner

*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.

14. INFORMANT (Address) <u>W. Lindsey Jones</u> <u>undertaker</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Fresh Hill</u>	DATE OF BURIAL <u>9-21 1927</u>
15. FILED <u>9/21 1927</u> <u>Frank B. Keyser</u> REGISTRAR <u>Subt</u>	20. UNDERTAKER <u>W. Lindsey Jones</u>	ADDRESS <u>City</u>

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.

