

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

Do not use this space.

18221

1. PLACE OF DEATH

County St Clair
Township Osceola
City (No.) (Name)

Registration District No. 765
Primary Registration District No. 6266

File No.
Registered No. 13 (Ward)

2. FULL NAME

Frazier Burtow

(a) Residence No. at country farm Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? 7 yrs. 0 mos. 0 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

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

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

Single

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

not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 79

8. OCCUPATION OF DECEASED

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

Laborer 821

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

821

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St Clair Co Mo

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

14.

INFORMANT (Address)

J. V. Simon
Osceola Mo

15.

FILED

6/28 1928
H. Seese
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27th 1928

17.

I HEREBY CERTIFY, That I attended deceased from Apr 24, 1928, to May 27th, 1928 that I last saw h. alive on Apr 27th, 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia due to cerebral hemorrhage

CONTRIBUTORY (SECONDARY)

age + debility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

7401

DID AN OPERATION PRECEDE DEATH... no DATE OF... ..

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) H. D. Dalglis, M. D.

, 19 (Address) Osceola Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holcomb Cemetery
near Collins Mo
W. Smith

May 28 19 28
ADDRESS
Osceola Mo

20. UNDERTAKER

ADDRESS

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.

JUL 5

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