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

Do not use this space.

1879

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 1627 Cottage St. Ward)
File No.
Registered No. F 879

2. FULL NAME Annie Frazier
(a) Residence. No. 1627 Cottage St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Andrew Frazier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4 1839

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
89	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Benjamin Dublet
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Lucinda Dublet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Patterson
(Address) 1627 Cottage Ave

15. FILED 1-30 1929 M. M. Lynn Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 26, 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-26 1929, to 1-26 1929
that I last saw her alive on 1-26 1929, and that
death occurred, on the date stated above, at 9:50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

109 A
Broncho Pneumonia
(duration) yrs. 7 mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Ed Graeven M. D.
1/27, 1929 (Address) 1522 E. 8th

*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: Mother Kans.
DATE OF BURIAL: Jan. 30, 1929

20. UNDERTAKER: Adkins Bros.
ADDRESS: 2000 E. 12th

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.

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