MAY 29 1929

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

Do not use this space.

13544

1. PLACE OF DEATH Stoddard
County: Butler
Township: Liberty
City: Near Dudley Mo (No. ..... St. ..... Ward)
Registration District No. 840
Primary Registration District No. 6102
File No. .....
Registered No. 34

2. FULL NAME Geo Frazier

(a) Residence. No. ..... 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: M
4. COLOR OR RACE: W
5. ~~SINGLE, MARRIED~~, WIDOWED OR ~~DIVORCED~~ (write the word): Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1864 Est -

7. AGE: Years 65 Est - | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Dale
(STATE OR COUNTRY) Ill -

PARENTS
10. NAME OF FATHER Levi Frazier
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 Frank Frazier
(Address) Fisk Mo.

15. FILED 4/14, 1929 C L Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 11 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-8, 1929, to 3-11, 1929, that I last saw him alive on 3-12, 1929, and that death occurred, on the date stated above, at 4:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Pneumonia
Acute
Non
IOAV
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. L. Greathouse, M. D
3/11, 1929 (Address) Fisk Mo

*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: City of Dudley Mo
DATE OF BURIAL: 3-12 1929
20. UNDERTAKER: Frank Mud. Co
ADDRESS: Poplar Bluff Mo

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.