

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

Do not use this space.

24511

1. PLACE OF DEATH

County Jackson
Township L-ran
City K.C. Mo. (No. 1106 Norton Ave.)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 2015
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1106 - Norton St. 12 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

Female

4. COLOR OR RACE

White

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

married

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

Joseph P. Frazier

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

Apr - 18 - 1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>24</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Wheeling
(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER

J. Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pa
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

No Record
(STATE OR COUNTRY)

14. INFORMANT

Nellie McElure
(Address) 1106 Norton Ave.

15. FILED

7/2/29 M. M. Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

July 2, 1929

I HEREBY CERTIFY, That I attended deceased from Dec 27, Dec 27, 1928, 19____, to July 2, 1929, 19____, that I last saw her... alive on July 2, 1929, and that death occurred, on the date stated above, at 19:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
131
98 D
87 A
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Chronic Interstitial Nephritis
Myocarditis (duration) about 10 years

18. WHERE WAS DISEASE CONTRACTED?

Home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory + Clinical

(Signed) Frank E. Day, M. D.

7/3, 1929 (Address) 4316 E 9th St.

*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

Elmwood
July 5, 1929

20. UNDERTAKER

Mrs. C. L. Foster
K.C. 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.

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2
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