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

Do not use this space.

36693

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 247

2. FULL NAME Johanna Frazier
(a) Residence. No. 118 Lafayette 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	6	0	

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) Jefferson City
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Henry Frazier
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Missouri Merritt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT James Frazier
(Address) J.C. Mo.

15. FILED 12/7, 1929 S.W. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-10-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Nov 10, 1929, that I last saw her alive on Nov 10, 1929, and that death occurred, on the date stated above, at 8 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
95A
129a
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Auricular Fibrillation
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Laboratory
(Signed) S. I. Day Jr., M.D.
11/12, 1929 (Address) Jefferson City 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 Cem. J.C. Mo.
DATE OF BURIAL 11-13-1929

20. UNDERTAKER Chas. P. Heinrichs.
ADDRESS J.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 be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.