

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

Do not use this space.

2498

**1. PLACE OF DEATH**

County St. Louis Registration District No. 985  
 Township Bonhomme Primary Registration District No. 6031  
 City Northwest (No. ....) St. .... Ward)

**2. FULL NAME**

Mildred L. Frozier  
 (a) Residence. No. 117 Taylor St. Webster Groves St. Ward. ....  
 (Usual place of abode) (If nonresident, give city 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 Cal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17<sup>th</sup> 1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
63 7 7

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

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

10. NAME OF FATHER Edward Crosson  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Phelia  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.  
 (STATE OR COUNTRY)

14. INFORMANT John T. Frozier -  
 (Address) Webster Groves, Mo.

15. FILED 2/9 1930 C. E. Barnett  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 24 1930

17. I HEREBY CERTIFY, That I attended deceased from January 19 1930 to January 24 1930, that I last saw her alive on January 24 1930, and that death occurred, on the date stated above, at 12:50 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
108 (duration) yrs. mos. ds. 5  
 CONTRIBUTORY (SECONDARY) 101A  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) J. Jefferson M. D.

127, 1930 (Address) 522 A Jefferson  
 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 Greenwood Cem. DATE OF BURIAL Jan 27 1930

20. UNDERTAKER Gates Funeral Home 407 Finney ADDRESS

