

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

Do not use this space.

5071

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. 1104)

Registration District No. 399  
Primary Registration District No. 70  
Garfield

File No. \_\_\_\_\_  
Registered No. 728  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm. J. Frazer  
(a) Residence. No. 1104 Garfield St. Ward. 2

(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 <u>M.</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 11, 1897</u>		
7. AGE YEARS <u>33</u>	MONTHS	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Porter</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

**PARENTS**

10. NAME OF FATHER <u>Chas. Frazer</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Mo.</u>
12. MAIDEN NAME OF MOTHER <u>Maggie Gibson</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Maggie Jenkins  
(Address) 1104 Garfield

15. FILED 2/17 1930 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Feb 14, 1930, that I last saw h. l. a. alive on Feb 12, 1930, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intestinal Neoplasia

131 (duration) X yrs. 8 mos. X ds.

CONTRIBUTOR (SECONDARY) 129a (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

0 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) L. D. Suggenheim M. D.  
7/15, 1930 (Address) 1126 E 15th

\*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 Highland Cem DATE OF BURIAL 2/17 1930

20. UNDERTAKER Hatkin Bros. ADDRESS 1729 Lydia

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Guggenheim.

No 2987