

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

Do not use this space.

12556

1. PLACE OF DEATH

County Jackson Registration District No.
Township Law Primary Registration District No.
City Kansas City (No. 2900 Park Ave)

File No.
Registered No. 1179
St. Ward

2. FULL NAME

(a) Residence No. John M. Fraim
(Usual place of abode) 2900 Park Ave. St. 11 Ward.
(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>Male</u>	4. COLOR OR RACE <u>White</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>Sept 21 - 1862</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>6</u>
	DAY <u>12</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Engineer (Retired) (6 years)</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>A. T. & D. F. R. R. Co.</u>		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

10. NAME OF FATHER Henry Fraim

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Sarah Spangler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Mrs. Anna Ford
(Address) 2900 Park Ave.

15. FILED 4/4 30 M. M. Casow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1930

17. I HEREBY CERTIFY that I attended deceased from 11/6 to 4-3 1930
that I last saw him alive on 4-3 1930 and that death occurred, on the date stated above, at 4 43 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
88A
97
102
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
Hypertension
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 2900 Park Ave
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
(Sign) M. M. Casow M. D.
13 1930 (Address) 1034 Realtor Bldg

*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 Cem. DATE OF BURIAL 4/5 1930

20. UNDERTAKER H. W. Newcomer Sons ADDRESS 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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10/10/11
Oyster Farm 270 4000