MAY 27 1930

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

Do not use this space.

13470

1. PLACE OF DEATH

County Nodaway — Registration District No. 617 — File No.

Township White Cloud — Primary Registration District No. 5818 — Registered No. 6

City Barnard (No. ..... St. ..... Ward)

2. FULL NAME Hugh M. Fraizer

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23, 1847

7. AGE: Years 82 — Months 10 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Edina Knox County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Fraizer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~~Rebecca Mall~~
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Rebecca Mall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT James Fraizer
(Address) Barnard Mo

15. FILED 5/2, 1930 Chas. D. Humbrecht D
May 7-30 C. P. Fryer REGISTRAR
MEC

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1930, to Apr. 27, 1930 that I last saw him alive on Apr. 27, 1930, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
(Cerebral hemorrhage)
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Blood clot (duration) yrs. mos. ds.

7401

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) D. A. Pollard, M.D.
5/2, 1930 (Address) Barnard 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: Pleasant Grove — DATE OF BURIAL: May 2 1930

20. UNDERTAKER: W. D. Campbell — ADDRESS: Barnard 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.