

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

Do not use this space.

18945

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
 Township Jessie river Primary Registration District No. 306  
 City Excelsior Springs (No. ....) St. .... (Ward)

File No. ....  
 Registered No. 62

**2. FULL NAME**

Nariat S. Frazer  
 (a) Residence. No. Excelsior Hospital - St. .... Ward. Madison, Kansas  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 10 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 1 27

**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)**

(STATE OR COUNTRY) New Jersey

**10. NAME OF FATHER**

Lippincott

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Penn

**12. MAIDEN NAME OF MOTHER**

Eliza Budd

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**14.**

INFORMANT Duney Frazer  
 (Address) Madison, Kansas

**15.**

FILED 4/28 1930 Y. D. Craven  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-26 1930

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1930, to June 26, 1930 that I last saw h. W alive on June 25, 1930 and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial Infection  
11B (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic intestinal Nephritis (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Kansas

DID AN OPERATION PRECEDE DEATH? No DATE OF     

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chisical

(Signed) J. P. Barrigan, M. D.

, 19      (Address) Excelsior Springs

\*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 DATE OF BURIAL

Madison, Kansas 6-28 1930

20. UNDERTAKER ADDRESS

Herbert Hope Excelsior Springs, 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.

AUG 28 1957