

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

Do not use this space.

27148

SEP 25 1930

1. PLACE OF DEATH

County Mox
Township Cedar
City Edina Mo. (No.)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 62
St. Ward)

2. FULL NAME Emma Lillian Frazier

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

Harry Frazier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC-12-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Wm. Harrison

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

12. MAIDEN NAME OF MOTHER Elizabeth L. Harris 8-70, 1930 (Address) Edina, Mo.

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

14. INFORMANT Lottie Fickle
(Address) Edina Mo.

15. FILED 8/20/30 Geo. Brown
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-29 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-23 1930, to 8-70 1930 that I last saw him alive on 8-19 1930, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephaloid carcinoma
location unascertained

CONTRIBUTORY (SECONDARY) 44 536
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-30-30

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Pathologic tissue
(Signed) Fred. J. Schmidt M.D.

*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 Linville Cemetery DATE OF BURIAL Aug-21 1930
20. UNDERTAKER L. W. Hudson ADDRESS Edina Mo.

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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