

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.

38797a

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

Do not use this space.

38797a

REC 18 1931

I. PLACE OF DEATH

County Cass  
Township Huron  
City Cleveland (No. ....)

Registration District No. 149  
Primary Registration District No. 4683

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME Lucie M. Frazer

(a) Residence, No. Cleveland Mo St. .... Ward. ....  
(Usual place of abode)

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-21-1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 2 25  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER Brown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT Elcie Nelson  
(Address) Cleveland Mo

15. FILED 12-16-30 Geo G Myers  
REGISTRAR

1/ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15-1930  
17. I HEREBY CERTIFY, That I attended deceased from Dec 4 to Dec 15 1930  
that I last saw her alive on Dec 15 1930 and that death occurred, on the date stated above, at 9:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of stomach  
July 2 (duration) 1 yrs. 1 mos. 2 ds.  
CONTRIBUTORY Arteriosclerosis  
(SECONDARY) (duration) 7 yrs. 6 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? NO DATE OF  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) W A Moore M. D.  
(Address) Cleveland 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 Belton Mo DATE OF BURIAL 12 17 19 30

20. UNDERTAKER E. K. George & Sons ADDRESS Belton

