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

Do not use this space.

14063

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. Wesley Hospital St. Ward)

File No. 1567
Registered No.

2. FULL NAME Alfred C. Fraser
(a) Residence. No. Aberdeen Hotel St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	11	3	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois 2

PARENTS
10. NAME OF FATHER John W. Fraser
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England X
12. MAIDEN NAME OF MOTHER Ann B. Flynn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. John T. Hope,
(Address) 1412 east 73rd. st.

15. FILED 4/3, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Apr. 2, 1931 that I last saw him alive on Apr 2, 1931, and that death occurred, on the date stated above, at 2:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fecal Impaction
1228
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Dil
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George F. Berry M.D.
Apr 3, 1931 (Address) 7 Chancellor Bld

*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
Forest Hill	4/4/31. 19

20. UNDERTAKER	ADDRESS
Freeman Mortuary	K.C.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.