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.

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

Do not use this space.

17667

1. PLACE OF DEATH
County Greer — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 361
City Springfield (No. Springfield Hospital St. Ward)

2. FULL NAME Wayne Frazer
(a) Residence. No. Clever, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9-1920

7. AGE: 10 YEARS — MONTHS: 10 — DAYS: 27 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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) Mo

PARENTS
10. NAME OF FATHER Willard Frazer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Alice Gham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Robert Baker
(Address) 642 New Springfield

15. FILED 5-6, 1931 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-6th 1931

17. I HEREBY CERTIFY, That I attended deceased from May 6th, 1931, to ....., 19.... that I last saw him alive on May 6th, 1931, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Injury, Fracture base of skull. Injured 9 a.m. Lived 5 hrs after injury 205M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Watching man stretch wire fencing wire stretcher broke, striking boy in head (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Near Clever Mo
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray
(Signed) W. C. Klingner, M. D.
5-6-, 1931 (Address) Springfield 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: Delaware Cemetery Clever, Mo — DATE OF BURIAL: 5-7-1931

20. UNDERTAKER: T. W. Maples — ADDRESS: Clever Mo.