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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 8 — File No. 36887
Township Rush — Primary Registration District No. 5 — Registered No.
City R.F.D. #3 Rushville, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Thomas Oscar Frazier
(a) Residence. No. 2 mi. South Rushville 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.

DEC 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	Wht.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Dona Callie Frazier.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 14, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	3	9	

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

9. BIRTHPLACE (CITY OR TOWN) Platte Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Isaac Frazier.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia.
12. MAIDEN NAME OF MOTHER Margaret Berry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platte Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Oscar Frazier
(Address) R.F.D. #3, Rushville, Mo.

15. FILED 11-24 1931 L. N. Gingery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23rd 1931.

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ VIEWED ON ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8:30 A.m.

~~THE CAUSE OF~~ DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
..... (duration) ..... yrs. ..... mos. ..... 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? History
(Signed) B. W. Tadlock Coroner
11-24, 1931 (Address) St Joseph 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	DATE OF BURIAL
Sugar Creek Cemetery Buchanan Co. Mo.	Nov. 25 1931
20. UNDERTAKER	ADDRESS
Harouff & Bird	Atchison Kansas.

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.