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

Do not use this space.

37266

File No.

Registered No. 37

1. PLACE OF DEATH

County Daviess Registration District No. 254

Township Benton Primary Registration District No. 5355

City (No. , St. Ward)

2. FULL NAME Willard Russel 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 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)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug II 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER

13. NAME John Vardeman Frazier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co, MO

MOTHER

15. MAIDEN NAME Elizabeth Jane Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ida Frazier
(ADDRESS) Pattonsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Muddy DATE II/8/31, 19

19. UNDERTAKER E Bromer
(ADDRESS) Pattonsburg, Mo

20. FILED Nov 5, 1931 John G Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept, 19, to, 19

I last saw h alive on Nov. 5, 1931. Death is said to have occurred on the date stated above, at 2/30 m. P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5th
CHF	
BPC	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Hopes, Coroner, M. D.

(Address) Gallatin, 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.