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

Do not use this space.

19035

1. PLACE OF DEATH
25 County Clinton — Registration District No. 204 — File No.
1 Township — Primary Registration District No. 3013 — Registered No. 29
4 City Cameron (No. ..... St. ..... Ward)

2. FULL NAME John Thomas Frazier
(a) Residence No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7. 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	8	5	

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

9. BIRTHPLACE (CITY OR TOWN) Moberly 1
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Thomas Frazier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Margaret Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 1
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs T. H. Tye
(Address) Cameron Mo

15. FILED 6/13, 1932 Dr C H Risley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1932

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to June 12, 1932 that I last saw h..... alive on June 12, 1932 and that death occurred, on the date stated above, at 12 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy.
42A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [signature]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ①
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. C. Bowman, M. D.
June 13, 1932 (Address) Cameron 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
Evergreen Cemetery	6/14 1932
20. UNDERTAKER	ADDRESS
J W Poland	Cameron

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 INKLEDING IS A PERMANENT RECORD

Oct 12 1932