

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

Do not use this space.

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1. PLACE OF DEATH

County Platte
Township Parkville
City Parkville (No. Parkville)

Registration District No. 695
Primary Registration District No. 94417

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ Ward _____
(Usual place of abode) Parkville Mo.

(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 Fe 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 5 6

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 238

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville, Mo.

13. NAME Chas. Brown

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

15. MAIDEN NAME Annie Lewis

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

17. INFORMANT (ADDRESS) Edward Frazier, Parkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Parkville, Mo. 12/17/32

19. UNDERTAKER (ADDRESS) Hickins Bros. 1729 N. 1st St. Parkville, Mo.

20. FILED 12/21/32 Registrar A. W. Winder

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/32

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1932 to 12-19-1932

I last saw her alive on 12-19-1932 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Lobar pneumonia
Influenza + P. B.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____

(Signed) S. P. Ford M. D.
(Address) Parkville 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.

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S. P. Thomas.