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.

11828

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. ....., ... St. ..... Ward)

File No. 2911

Registered No. .....

2. FULL NAME Tommy Lee Frazier

(a) Residence, No. 2730A Sheridan St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/27/1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
26	5	28	

OCCUPATION

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

FATHER

13. NAME Tom Frazier

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

MOTHER

15. MAIDEN NAME Rosie Pain

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

17. INFORMANT (ADDRESS) Rosie Shaw 2730A Sheridan

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4/1 1933

19. UNDERTAKER (ADDRESS) James Funeral Home 2734 Sheridan Ave.

20. FILED MAR 20 1933, 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March/25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec/1/ 1930 to March/25 1933

I last saw him alive on Mch/24/33, 1933. Death is said to have occurred on the date stated above, at 2P. m.

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

Pulmonary Tuberculosis — Date of onset 22 Yr

23A

23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Microscope 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) W. L. Moore, M. D.

(Address) 1336 Franklin, St. Louis, Mo