

MAY 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 14

Township

Primary Registration District No. 1-1City Halls Station (No. _____)

St. _____ Ward _____

File No. 15734

Registered No. _____

2. FULL NAME Samuel Palawan Frazier(a) Residence, No. Halls Station Mo. S. Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mr. Jennie Frazier6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 10 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 9 Days 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Born in Kan13. NAME George Frazier14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Marthy Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Mr. Jennie Frazier
(ADDRESS) Halls Station Mo.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Sawin & Douglass
(ADDRESS) Atchison Kan20. FILED 5-7- 1933 L. F. Dingley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 193322. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1933, to May 5, 1933I last saw him alive on Apr 29, 1933. Death is said to have occurred on the date stated above, at 7 a.m.

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

embolism due to femur fractureDate of onset Apr 29, 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Apr 29, 1933Where did injury occur? Halls - Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. at homeManner of injury bone fractureNature of injury Complete fracture24. Was disease or injury in any way related to occupation of deceased? yesIf so, specify well across from farming(Signed) E. B. McCleary, M. D.(Address) Dr. Kabb Mo.Dr. E. B. McCleary

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.

