

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

Do not use this space.

357

1. PLACE OF DEATH

County Caldwell Registration District No. 98
 Townshp. New York Primary Registration District No. 5145
 City (No. _____) St. _____ Ward _____

2. FULL NAME

W. S. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1961

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 23

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

FATHER 13. NAME Ferdinand Frazier

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

MOTHER 15. MAIDEN NAME Matilda Barrick

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

17. INFORMANT W. S. Frazier
 (ADDRESS) residence

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopeful Home DATE Jan 5, 1934

19. UNDERTAKER Bran + Dow
 (ADDRESS) Hamilton Mo

20. FILED Jan 5 1934 Mrs Ruth Hill
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1934

22. I HEREBY CERTIFY, that I attended deceased from July 1, 1932, to June 3, 1934

I last saw him alive on Dec 31, 1933. Death is said to have occurred on the date stated above, at 84 a.m.

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

Chronic Interstitial Nephritis
 Date of onset 1924

Other contributory causes of importance

Name of operation None Date of _____

What test confirmed diagnosis? Lab Diag 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. no

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Herbert R. Booth, M. D.

(Address) Hamilton 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.

WITH CONTINUING INTEREST THIS IS A FEELING WHEN RECORDED

10/10/10