

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

Do not use this space.

8283

1. PLACE OF DEATH

County CLINTON Registration District No. 204
Township SHOL Primary Registration District No. 3013
City CAMERON (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME SALOMA 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Filmore, (STATE OR COUNTRY) Mo.

13. NAME Enos Smithers

14. BIRTHPLACE (CITY OR TOWN) dont know (STATE OR COUNTRY) _____

15. MAIDEN NAME Corrinor Buckner

16. BIRTHPLACE (CITY OR TOWN) dont know (STATE OR COUNTRY) _____

17. INFORMANT Mrs Clarence Staples (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cemetery Cameron, Mo. DATE Mar. 12th, 1934

19. UNDERTAKER O. A. Moore (ADDRESS) Cameron, Mo.

20. FILED Whiz 1930 O. A. Moore Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934 to March 10, 1934
I last saw her alive on March 10, 1934 Death is said to have occurred on the date stated above, at 11 A.M. m.

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

Myocardial Regurgitation Date of onset 3/5/34
131
92A

Other contributory causes of importance: Chronic Glandular nephritis Not known

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934
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 A. O. Gilman M. D.
(Signed) B. Cameron (Address) _____

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.

STATE BOARD OF HEALTH, MISSOURI

1934
25
4-25

OCCUPATION
FATHER
MOTHER

