Form 243

MAY 25 1934

STATE OF ~~NEBRASKA~~ MISSOURI

Bureau of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

85

Do not write in this space

11976

1001

453

1. PLACE OF DEATH

County Buchanan

Township

MAY 25 1934

City St Joseph No. St Joseph's Hosp. Street

If death occurred in a hospital or institution give its NAME instead of street and number.

Length of residence in city or town where death occurred.....yr.....mo.....da. How long in U. S. if of foreign birth.....yr.....mo.....da.

2. FULL NAME David Frazier

Residence Nemaha Nebr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR or RACE W

5. SINGLE (Write the word) Married Widowed Divorced widowed

5a. If married, widowed or divorced HUSBAND of or WIFE of unknown

6. DATE OF BIRTH unknown 1849

7. Age Years 85 Months Days If less than 1 day Hrs.....or Min....

OCCUPATION

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

11. Total time (years) spent in this occupation

12. Birthplace City or town unknown and State or Country unknown

13. Name of Father unknown

14. Birthplace of Father City or town unknown and State or Country unknown

15. Maiden name of Mother unknown

16. Birthplace of Mother City or town unknown and State or Country unknown

17. INFORMANT (Address) Leila Armstrong Auburn Nebraska

18. BURIAL, CREMATION, OR REMOVAL Place Nemaha Nebraska Date 4-14 1934

19. UNDERTAKER (Address) J W Armstrong Sr Auburn Nebr

20. Filed 4-14, 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1934, to 4-13-, 1934

I last saw him alive on 4-12-, 1934, death is said to have occurred on the date stated above, at 6 a. M.

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

	Date of onset
Pneumonia Lobar	4-6-34

Contributory causes of importance not related to principal cause:

Senility

Name of operation None Date of

What test confirmed diagnosis? Sub 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) Paul Forgrave M. D.

(Address) St Joseph, Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—WITH INK

N. B. This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of occupation is important. Give cause of death in plain terms.