

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.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry
 Township Legbo
 City Leeton (No.)

Registration District No. 349
 Primary Registration District No. 5487

File No. 24248
 Registered No. 14
 St. Ward)

2. FULL NAME

Hannie Bell Frasher

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W Frasher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 14, 1892</u>		
7. AGE <u>52</u>	YEARS <u>3</u>	MONTHS <u>17</u>
		DAYS <u>17</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) North Carolina13. NAME Bernardus Parker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia15. MAIDEN NAME Jennie Stanley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Mr. J. W. Frasher (ADDRESS) Leeton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mineral Creek DATE Aug 2, 193419. UNDERTAKER R. G. Brauning (ADDRESS) Leeton Mo20. FILED 7-31-1934 Mo. A. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 193422. I HEREBY CERTIFY, That I attended deceased from May 14, 1933, to July 31, 1934.I last saw him alive on July 30, 1934. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

Cancer at the Cervix Date of onset Apr 1933UterineH. W.Other contributory causes of importance: noneName of operation Removal of tumor Date of May 11, 1933What test confirmed diagnosis? of uterine 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) J. B. Lee, M. D.(Address) Leeton Mo

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