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.

AUG 21 193

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

Do not use this space.

24483

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3308 Wayne St. Ward)
Registration District No. 393
Primary Registration District No. 1002
File No.
Registered No. 3

2. FULL NAME James W. Fraher
(a) Residence, No. 3308 Wayne 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Fraher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1854

7. AGE: YEARS 79 | MONTHS 8 | DAYS 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Liberty Mo

FATHER
13. NAME James Fraher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Limerick Ireland

MOTHER
15. MAIDEN NAME Ellen Johnstone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donegal Ireland

17. INFORMANT (ADDRESS) Edward Fraher 3308 Wayne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Marys DATE July 14 1934

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co 1004 Linwood

20. FILED July 12 1934 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1934, to 7-12, 1934
I last saw him alive on 7-11, 1934. Death is said to have occurred on the date stated above, at 1:55 a.m.
The principal cause of death and related causes of importance were as follows:

Thyrotoxicosis

Date of onset

Other contributory causes of importance:

Diarrhea - Haemorrhage of bowels 9 days

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, 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) Ford J. Lowrey, M. D.
(Address) Gale Lathrop Bldg. Kansas City Mo.

108M-11-24-33

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