

AUG 6 1935

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

Do not use this space.

23269

## 1. PLACE OF DEATH

County Jackson Registration District No. 1  
Township Wesley Primary Registration District No. 1  
City K. C. Mo (No. Pharmacy Hospital) St. Ward

File No. 23269  
Registered No. 7013  
St. Ward

## 2. FULL NAME

Andrey Dean Frazier  
(a) Residence, No. 818 E. 100 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1934

7. AGE YEARS 3 MONTHS 8 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

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

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) K. C. Mo

13. NAME Geo. Frazier

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

15. MAIDEN NAME J Della Farmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo

17. INFORMANT J Della Frazier  
(ADDRESS) 818 E. 100 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem DATE 7/30/35

19. UNDERTAKER West Apptment Co  
(ADDRESS) K. C. Mo

20. FILED 7/29/35 W. M. Crowe  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/35

22. I HEREBY CERTIFY, that I attended deceased from 7/2/35 to 7/2/35, 19.....

I last saw live on 7/2/35, 19..... Death is said

to have occurred on the date stated above at 2:30 p. m.

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

Auto Encephalitis (epidemic) Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 7/2/35

What test confirmed diagnosis? Autopsy Where an autopsy

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Autopsy Date of injury 7/2/35, 19.....

Where did injury occur? Autopsy

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Autopsy

Nature of injury Autopsy

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Autopsy

(Signed) W. M. Crowe, M. D.

(Address) W. M. Crowe

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.

