

SEP 26 1935

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

Do not use this space.

27493

1. PLACE OF DEATH

County St. Louis Registration District No. 781
Township Meramec Primary Registration District No. 603V
City Cleveland-11 (No. Allenton, Mo.) St. _____ Ward _____

2. FULL NAME Pete Frazier

(a) Residence, No. Cleveland, O. 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. of _____ min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
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) Texas?

MOTHER FATHER 13. NAME Pete Frazier

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

15. MAIDEN NAME unknown

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

17. INFORMANT none (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE father Dickson DATE 8/7 1935

19. UNDERTAKER (ADDRESS) J. C. Lewis
Webster, Groves

20. FILED Aug 6 1935 Miss Frazier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/2/1935, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Depressed fracture of parietal region of skull, laceration of scalp extracranial hemorrhage, rupture of dura, and parietal region with subdural hemorrhage. Contusion of brain, contusion of rt. lower lobe of lung. Complete comminuted fracture of left tibia and fibula with complete maceration of soft tissue.

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

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? If so, specify _____

(Signed) G. B. Stinson 8/6/35, M. D.
(Address) 3118 Jimmy Rd
Crown Point, Mo.

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.

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tissue from knee down, including foot, severance and masceration of all toes of rt. foot. Secondary; Skull fracture, extra and subdural hemorrhage from the masceration of left leg and scalp. Hemorrhage and shock.

Verdict of Jury; We the Jury find after hearing the evidence, having fully considered that this man came to his death while trying to hop a train, the Missouri Pacific at Allenton, Mo. We fell in trying to get a ride in grabbing for a train, missed his grip and fell under the wheels of the same unbeknowing to the train crew, therefore, we the jury feel that the Missouri Pacific railroad is not responsible for his act or for his death.

This we feel is purely an accident.