

OCT 21 1935

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

Do not use this space.

290038

## 1. PLACE OF DEATH

County Christian Registration District No. 182  
Township Lincoln Primary Registration District No. 3252  
City (No. ) St. Ward

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Lee Frazier

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Nannie Frazier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1-1899</u>		
7. AGE	YEARS	MONTHS
	<u>35</u>	<u>11</u>
		DAYS
		<u>27</u>
		IF LESS than 1 day, .....hrs. or .....mln.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</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) <u>Mo.</u>		
FATHER	13. NAME <u>J. L. Frazier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Lillie Hicks</u> <u>Cleaver, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frazier Chapel</u> DATE <u>Sept. 30, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Maples</u> <u>Cleaver, Mo.</u>		
20. FILED <u>Oct 21</u> 19 <u>35</u> <u>E. J. ...</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1931, to July 29, 1935, 1935.I last saw him alive on July 29, 1935, 1935. 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:

Anger of Lung Date of onsetAug 1, 1931

Other contributory causes of importance:

Tabular Hunt disease 1925

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 \_\_\_\_\_ 1935.

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. ... M. D.(Address) Cleaver, 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.

MAKING RESERVED FOR BINDING

V. S. NO. 2  
100M-5-28-35

