

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.

NOV 21 1935

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

Do not use this space.
32599 *pin*

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1002
City Leeds Station, Mo. (No. Leeds Hospital) St. _____ Ward _____

File No. _____
Registered No. 3820
St. _____ Ward _____

2. FULL NAME

Frazier, Mrs. Dolly
0419 Montgall

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 32 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Frazier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 3 6

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

FATHER 13. NAME Henry Adkins

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

MOTHER 15. MAIDEN NAME Lula Harris

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

17. INFORMANT Walter Frazier
(ADDRESS) 7419 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 7, 35

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Lipwood

20. FILED 10/5 1935 Dr. J. C. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1935
22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935, to Oct 4, 1935
last saw him alive on Oct 4, 1935. Death is said to have occurred on the date stated above, at 8:15 m.
The principal cause of death and related causes of importance were as follows:

Chronic Emphysema (type undetermined) Date of onset _____
Myocardial atrophy -
Severe Peritonitis (secondary to
Myocardial atrophy)
Other contributory causes of importance: _____

Name of Physician Dr. J. C. Corone 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) Russell W. Jew, M. D.
(Address) _____

