

MAR 25 1936

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

Do not use this space.

10306

1. PLACE OF DEATH

County Henry Registration District No. 347
Township..... Primary Registration District No. 3018
City Clinton (No)..... St. Ward)

File No.....
Registered No.....

2. FULL NAME

Jay B. Frager
(a) Residence, No. Caplin Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Nov. - 20 - 1871

7. AGE YEARS 64 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) Jackson city (STATE OR COUNTRY) Miss

13. NAME Carl West Frager

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

15. MAIDEN NAME Karah A. Sanford

16. BIRTHPLACE (CITY OR TOWN) Sturbridge (STATE OR COUNTRY) New York State

17. INFORMANT Frage & Frager (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3-7-1936

19. UNDERTAKER Paul Williams Funeral Home (ADDRESS) Clinton Mo

20. FILED 3-7-1936 R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936 to March 4, 1936
I last saw him alive on March 4, 1936 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Coronary occlusion 12:30 PM
March 4/36

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

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) S. B. Hughes, M. D.
(Address) Clinton, Mo

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.

