

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.

OCT 15 1936

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

Do not use this space.

34388

1. PLACE OF DEATH Research Hospital
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Wayne C. Frasher
 (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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-25-36</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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>Buckner, Mo.,</u>		
FATHER	13. NAME <u>Daniel J. Frasher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lin Creek, Mo.,</u>	
MOTHER	15. MAIDEN NAME <u>Helen Bringlet</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buckner Mo</u> DATE <u>Sept 8 1936</u>		
19. UNDERTAKER (ADDRESS) <u>W M Reppert</u>		
20. FILED <u>9/7</u> 19 <u>36</u> <u>W M - Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1936, to 9-7, 1936
 I last saw him alive on 9-7, 1936 Death is said to have occurred on the date stated above, at 3:40 am.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Birth Injury
160 lbs
 Date of onset Birth

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? no 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) Nancy E. Egan, M. D.
 (Address) 806 Prof Bldg K.C. Mo

