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

DEC 30 1936

Do not use this space.

1. PLACE OF DEATH
County Sullivan
Township Taylor
City Galt Mo R F D (No. ..., 6119 St. ... Ward)

Registration District No. 851
Primary Registration District No. 8-5-12

File No. 43511
Registered No.

2. FULL NAME Ralph Frazier

(a) Residence, No. ... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Dorothy Shovers Frazier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1900

7. AGE YEARS 36 MONTHS 2 DAYS 9 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sullivan Co Mo

FATHER
13. NAME Jno L Frazier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo

MOTHER
15. MAIDEN NAME Ninnie May Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo

17. INFORMANT (ADDRESS) John L Frazier Galt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE K.P. Cem Galt Mo DATE Nov 17 1936

19. UNDERTAKER (ADDRESS) R K Payne & Son Galt Mo

20. FILED Nov 17 1936 Cordelia Shores Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1936

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 about 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
by Hanging self (Suicide)	
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Other contributory causes of importance:
Unknown, probably financial worries

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? Suicide Date of injury 11-15, 1936
Where did injury occur? Home (Galt Mo R F D) (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home (at Barn)
Manner of injury –
Nature of injury –

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Duffy Carter, acting Coroner J. D. ~~M. D.~~
(Address) Humphreys 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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