

MAR 5 - 1937

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

Do not use this space.

6549

1. PLACE OF DEATH

County..... Jackson

Registration District No. 399

Township..... Kaw

Primary Registration District No. 1002

City..... Kansas City (No. Research Hosp.)

File No.

Registered No.

St. Ward)

2. FULL NAME Fred Fraser

(a) Residence, No. 8061 Overland Park Blvd. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 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) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Madeline Fraser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
5	35	2	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Engineer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	S.W. Bell Tel. Co.
	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) Kentucky

13. NAME Samuel Fraser

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

15. MAIDEN NAME Cora Belle Weaver

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky17. INFORMANT Madeline Fraser
(ADDRESS) Overland Park18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Feb. 24, 193719. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS)20. FILED 2-21-37 M. M. Crowl asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1937

22. I HEREBY CERTIFY, that I attended deceased from
January 27, 1937 to February 14, 1937I last saw him alive on February 14, 1937 Death is said
to have occurred on the date stated above, at 7:20 a.m. A.M.

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

Pulmonary Abscess
(Staphylococcus Origin)
Not tuberculous or
traumatic

Other contributory causes of importance:
Multiple Abscess in lungs,
Brain & Cord.

Date of onset ?

Name of operation none Date of 114 100 2-17-37

What test confirmed diagnosis, Urinal Was there an autopsy, No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) M. M. Crowl M. D.

(Address) 406 W. 34th St. K. C. Mo.

Dr. Frank R. Wadsworth
Med. Arts,

DEC 3 - 1942