

APR 16 1937

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

Do not use this space.

11537

1. PLACE OF DEATH

County Cass Registration District No. 157
Township Pleasant Hill 10 Primary Registration District No. 4091
City Pleasant Hill Mo 7 No. 7 St. _____ Ward _____

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME Yerald Streeten Frakes

(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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29-1925</u> | | |
| 7. AGE | YEARS <u>11</u> | MONTHS <u>3</u> |
| | DAYS <u>11 da</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>child</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>West line Mo</u> | | |
| FATHER | 13. NAME <u>Eben Frakes</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | |
| MOTHER | 15. MAIDEN NAME <u>Mary Ethel Masterson</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West line Mo</u> | |
| 17. INFORMANT (ADDRESS) <u>Mr. Mary Frakes Pleasant Hill Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwill West line Mo</u> DATE <u>March 1937</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Brownfield & Belcher Pleasant Hill Mo</u> | | |
| 20. FILED <u>March 14, 1937</u> <u>Mrs. Etta M. Aldridge</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1937, to Mar. 11, 1937.
I last saw him alive on Mar. 10, 1937. Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset 3/3/37

Other contributory causes of importance:
Rheumatic Fever 2/16/37

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
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) J. J. Murray, M. D.
(Address) Pleasant Hill, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11537-37
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 157
 (b) Township _____ Primary Registration District No. 4091 Registered No. _____
 (c) City Pleasant Hill (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gerard Streater Frazer

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>11</u> | <u>3</u> | <u>11</u> | |

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orwick Mo.

Name of operation _____ Date of _____

MOTHER 15. MAIDEN NAME _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Mrs Mary Frazer Pleasant Hill - Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

19. FUNERAL DIRECTOR (ADDRESS) Brownfield + Belcher Pleasant Hill Mo

Manner of injury _____

Nature of injury _____

20. FILED March 14 1937 Mrs Etta M. Aldridge Local Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. U. Murray, M. D.

(Address) Pleasant Hill Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

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