

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.

83 JUL 31 1937

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

Do not use this space.

24616

1. PLACE OF DEATH Platte County Platte Township Paris City Parkville (No. 1)
 Registration District No. 695 Primary Registration District No. 5729 File No. 24616 Registered No. _____ St. _____ Ward _____
 2. FULL NAME James William Fraher
 (a) Residence, No. 1 St. _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 38 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1899
 7. AGE YEARS 38 MONTHS 0 DAYS 3 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) June 7 1937 11. Total time (years) spent in this occupation 38
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville Mo.
 FATHER 13. NAME James W. Fraher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville Mo.
 MOTHER 15. MAIDEN NAME Rebecca Wise
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.
 17. INFORMANT Miss Maudell Fraher (ADDRESS) 3308 Wayne R.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL St. Mary Cemetery DATE June 12 37
 19. UNDERTAKER St. Francis (ADDRESS) Parkville Mo.
 20. FILED 7-9 1937 S.P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Wed June 9 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. Wed June 10 1937 Death is said to have occurred on the date stated above, at 5:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Struck by Lightning
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? View Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident 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. At Home
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Edward H. Francis Paris Mo.
 (Address) Parkville Mo.

