

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

32333
Do not use this space.

1. PLACE OF DEATH Dist 4. 1037

(a) County Dist 4. 1037 Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City..... (d) Street No. Center Hospital #1 Registered No. **8387**

(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 (Haye Adams) LEVA VIVIAN FRAZIER

(a) Residence, No. 520 Chestnut St. **23** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan 27, 1916

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

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

21 7 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Witness

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wingo Ky

FATHER 13. NAME Otus Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wingo Ky

MOTHER 15. MAIDEN NAME Jennie Cospeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wingo Ky

17. INFORMANT May Adams

(ADDRESS) 1554 Mississippi

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayfield DATE Sept 4 1937

19. FUNERAL DIRECTOR Mullen Bros

(ADDRESS) 4259 Lyndell

20. FILED SEP 7 1937 Jet Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/1937

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 4:00 P.M.

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

Toxemia from Peritonitis Date of onset

Abortion, self induced

Other contributory causes of importance:

140

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Joseph M. Zunker

(Address) Deputy Coroner

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.

588 2222

1 X12004

True affidavit see misc. file N # 35.

STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess....., Licensed Embalmer No. 3547

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

H. E. Burgess

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)