

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.

Aug 31 6 AM

OCT 26 1937

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

Do not use this space.

35182  
 724

1. PLACE OF DEATH  
 County St. Francois Registration District No. 274  
 Township St. Francois Primary Registration District No. 4465  
 City Flat River (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Riley 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allice B Frazier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1862

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>2</u>	<u>79</u>	<u>8</u>	<u>11</u>

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. Retired

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 50

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

13. NAME Wm Riley Frazier

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

15. MAIDEN NAME Maryanne McFarlan

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

17. INFORMANT (ADDRESS) Allice B Frazier Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL Parsonage Cemetery DATE 9-2 1937

19. UNDERTAKER (ADDRESS) Caldwell Bova Flat River Mo

20. FILED 10/7 1937 B B Kanner Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) aug 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1937 to 8-31 1937

I last saw him alive on 8-23 1937 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Uraemia 51 8-7-37

Other contributory causes of importance:  
Chronic Myocarditis, arterial Hypertension Several years  
Chronic Nephritis,  
Carcinoma of prostate

Name of operation Leomy Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical exam Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Paul F Jones M. D.  
 (Address) Flat River, Mo

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 15th inst.

and in reply to inform you that the same has been forwarded to the appropriate authorities.

I am, Sir, very respectfully,  
Yours faithfully,  
[Signature]