

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.

10 REC'D APR 21 1938

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

10126
 Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Registration District No. 75
 (b) Township Perche Primary Registration District No. 5114 Registered No. _____
 (c) City Brown Station, Mo. Street No. Route 1, Brown Station, Mo. 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 ROBERT ANDREW FRAZIER 626
 (a) Residence, No. Route 1, Brown Station, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Frazier
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-7-1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Boone County Missouri

FATHER 13. NAME Byron Frazier
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Iza Purdy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Robt. A. Frazier
Route 1 Brown Station Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4-16 1938

19. FUNERAL DIRECTOR (ADDRESS) Parker's
Columbus, Mo.

20. FILED Apr 16 1938 Mrs. H. J. Gullett
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1938
 22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1938, to Apr 14 1938
 I last saw him alive on 2-9 1938 Death is said to have occurred on the date stated above, at 10 P m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Intestines
 Date of onset about 1936

Other contributory causes of importance: Hb.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) H. J. Gullett, M. D.
 (Address) Harriburg Mo

STATEMENT BY LICENSED EMBALMER

I, AP. N. Whitman, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by AP. N. Whitman
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed AP. N. Whitman
Licensed Embalmer No. 3893

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.)