

REC'D JUN 17 1938

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

Do not use this space.

19112

1. PLACE OF DEATH

County Pemiscot
Township Cooter
City (No. _____) _____ St. _____ Ward _____

Registration District No. 656
Primary Registration District No. 5873

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Ellen E Frazier St. _____ Ward _____
(Usual place of abode) Cooter

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Sam Frazier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) 6-5-38 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooter mo

MOTHER 13. NAME D. H. Hendryx

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia n. c.

15. MAIDEN NAME Nanny Crawford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Journal Ark.

17. INFORMANT Sam Frazier (ADDRESS) Cooter mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cooter DATE June 7 1938

19. UNDERTAKER Surgical and Co (ADDRESS) Cooter mo.

20. FILED 6-14 1938 Tom Braganza Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1938

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 P. M.

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

Suicide By Drowning her self in a Barrel

Date of onset

Other contributory causes of importance: 16 1/2 -

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? Suicide Date of injury 6-6 1938

Where did injury occur? her home Cooter mo

(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) Jack Kelley coroner M. U.

(Address) North mo.

93-9-24

1884-11-12

1938-6-36

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