

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

25199
 Do not use this space.

REC'D AUG 4 1938

1. PLACE OF DEATH
 (a) County Dekalb 1938 Registration District No. 263
 (b) Township Dallas Primary Registration District No. 6266 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Earnest Frazier 626
 (a) Residence, No. Dekalb Co., Missouri St. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Illie Frazier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 15, 1880</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>7</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Agriculture</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug. 1938</u>		11. Total time (years) spent in this occupation <u>4</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Daviess Co., Missouri</u>		
13. NAME <u>James C. Frazier</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Unknown Missouri</u>		
15. MAIDEN NAME <u>Laura Wilson</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Covington Kentucky</u>		
17. INFORMANT <u>Mrs. Lula Knight</u> (ADDRESS) <u>Gallatin, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brown Cemetery</u> DATE <u>Aug. 3, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Hope Furn. & Undt. Co.</u> (ADDRESS) <u>Gallatin, Missouri</u>		
20. FILED <u>Aug 10, 1938</u> <u>Jas Fitzgerald</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1938, to August 1st, 1938.
 I last saw him alive on August 1st, 1938. Death is said to have occurred on the date stated above, at 11:30 AM.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
94 W

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) N. J. Campin, D.O.
Marion, Missouri
De Kalb County

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

or by

Registered Apprentice No....., working under my personal supervision

Signed

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Missouri

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.)

If this body is not embalmed, above space should be left blank.