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.

SEP 21 1938

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

Do not use this space.

28758

File No.
Registered No.

1. PLACE OF DEATH
County: De Kalb
Township: Dallas
City: (No. , St. Ward)
Registration District No.: 263
Primary Registration District No.: 5366

2. FULL NAME: Nancy Ann Frazier
(a) Residence, No. (Usual place of abode): Santa Rosa St. Ward. (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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Levi Frazier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3- 1846
7. AGE: Years 92 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housekeeper
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): Daviess Co Mo

FATHER
13. NAME: John Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Nancy Ninemire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Miss Carrie Frazier Santa Rosa Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Cope Cemetery DATE: Aug 9 1938
19. UNDERTAKER (ADDRESS): G. S. Gromer Pattonsburg Mo
20. FILED: 9-9-38 19 James Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to Aug 7, 1938
I last saw h.. alive on Aug 7, 1938 Death is said to have occurred on the date stated above, at 8.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

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) Dr. R. R. Reynolds M.D.
(Address) Maysville Mo