REC'D MAY 10 1939

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

Do not use this space.

File No. 14369
Registered No. 80

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. , Poplar Bluff St. Ward)

Registration District No. 89
Primary Registration District No. 3007

2. FULL NAME LYDIE FRAZER
(a) Residence, No. 506 N. G. St 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

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 Geo Q. Frazer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1864

7. AGE: Years 75 | Months 0 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale, Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Jane Fann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale, Illinois

17. INFORMANT Raymond Frazer, (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cem.
PLACE Poplar Bluff, Mo. DATE April 19-1939

19. UNDERTAKER Frank Und Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 4/30, 1939 O. L. Sutzinger Registrar. 89

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1939, to 4-19, 1939
I last saw he alive on 4-15, 1939. Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility 50 yr	

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? No
If so, specify
(Signed) H. Sleeper, M. D.
(Address) Poplar Bluff, Mo.

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.