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.

FILED MAY 13 1940

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

Do not use this space.

15438

1. PLACE OF DEATH
County Maddie D
Township Johnston
City ..... (No. ..... St. ..... Ward)
Registration District No. 532
Primary Registration District No. 5712
File No. .....
Registered No. .....

2. FULL NAME 620 Samuel Stewart Frazee
(a) Residence, No. EAST OF LAPLATA 1 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowner
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ann Frazee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5-1861
7. AGE YEARS 78 MONTHS 5 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For self
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) Ohio 1

FATHER
13. NAME Thomas N. Frazee 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 1

MOTHER
15. MAIDEN NAME Don't Know 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Everett Frazee Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Plata Mo. DATE Apr. 7 1940

19. UNDERTAKER (ADDRESS) D. S. Christie La Plata Mo.

20. FILED April 16 1940 Louise J. Smith 47 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1940, to April 6, 1940
I last saw him alive on April 5, 1940 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Insufficiency due to Prostatic Obstruction	about 1 yr
125 A	
Other contributory causes of importance: Hepatic Insufficiency due to Biliary Stenosis (intra hepatic ducts)	1 or more yrs

Name of operation Clinical Date of .....
What test confirmed diagnosis? Laboratory 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) P. O. Gronoway M. D.
(Address) Macon Mo

RECEIVED
District Health Officer No. 10
District File Number 5-40-944
Date Filed MAY 8 1940