

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

Do not use this space.

14464

MAY 25 1929

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH
 County DeWitt Registration District No. 14
 Township Windsor Primary Registration District No. 4211
 City Windsor St. _____ Ward _____
 Registered No. 15

2. FULL NAME Carlene DeWain Frasher
 (a) Residence. No. _____ 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 1 13 _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Windsor
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Carl Frasher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Windsor
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Theris Lughan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Windsor
 (STATE OR COUNTRY) Missouri

14. INFORMANT Carl Frasher
 (Address) Windsor Mo.

15. FILED Apr 28 1929 REGISTRAR J. J. Danner

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1929
 17. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1929, to Apr. 26, 1929, that I last saw h. s. c. alive on Apr. 18, 1929, and that death occurred, on the date stated above, 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia

CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. ds. 1.0

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
 (WAS THERE AN AUTOPSY?) no.
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. A. Blackmore, M. D.

(Address) Windsor, Mo.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo. DATE OF BURIAL Apr 28 1929
 UNDERTAKER J. A. Ross ADDRESS Windsor Mo.

