

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

Do not use this space.

27404

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. _____
Primary Registration District No. _____
(No. 4930 Grand ave.)

File No. _____
Registered No. 27404
St. _____ Ward _____

2. FULL NAME

Daniel A. Fraser

(a) Residence. No. 4930 Grand ave. St. 7 Ward. _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 — — 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Nova Scotia
(STATE OR COUNTRY)

10. NAME OF FATHER Simon Fraser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nova Scotia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nova Scotia
(STATE OR COUNTRY)

14. INFORMANT B. Fraser
(Address) 926 38th St. N.W., Okla.

15. FILED 8/26 38 M.M. Crowe REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 19 1928

17. I HEREBY CERTIFY That I attended deceased from only
Aug 5th 1928, to Aug 14 1928
that I last saw him alive on Aug 14 1928, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS

97A Coronal Hypertrophy
97B with valvular insufficiency
97 probably sub (duration) _____ mos. _____ ds.
CONTRIBUTORY Astero Sclerosis
(SECONDARY) about 10 to (duration) 15 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF BIRTH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) C. F. Reilinger M. D.
8/20 1928 (Address) Hyde Park Bldg.

*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 Prescott, Kas. DATE OF BURIAL 8/19 1928

20. UNDERTAKER Heeman Mortuary ADDRESS 104 West 42nd St.

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.

THIS IS A PERMANENT RECORD

