

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

42334

## 1. PLACE OF DEATH

County Platte  
Township Rolla  
City Rolla (No. \_\_\_\_\_)

Registration District No. 677  
Primary Registration District No. 5901

File No. \_\_\_\_\_  
Registered No. 79  
St. \_\_\_\_\_ (Ward) \_\_\_\_\_

## 2. FULL NAME

Elmer Fraizer

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OF 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)

Feb 1908

## 7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
<u>20</u>	<u>10</u>	<u>7</u>	

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Rolla

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Jessie Fraizer

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Rolla

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Jessie Hale

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Rolla

(STATE OR COUNTRY)

## 14. INFORMANT

(Address)

A. B. Hale  
Rolla Mo

## 15. FILED

Jan. 1, 1929

Jan. 7, 1929  
Jos. F. Ayers  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 31 1928

## 17.

I HEREBY CERTIFY That I attended deceased from Dec 20, 1928, to Dec 31, 1928, that I last saw him alive on Dec 31, 1928, and that death occurred, on the date stated above, at 11 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis of lungs

## CONTRIBUTORY (SECONDARY)

none (duration) 3 yrs. mos. da.

## 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? Bacteriological

(Signed) J. McCall

Jan. 1, 1929 (Address) Rolla 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

## DATE OF BURIAL

Rolla Cemetery

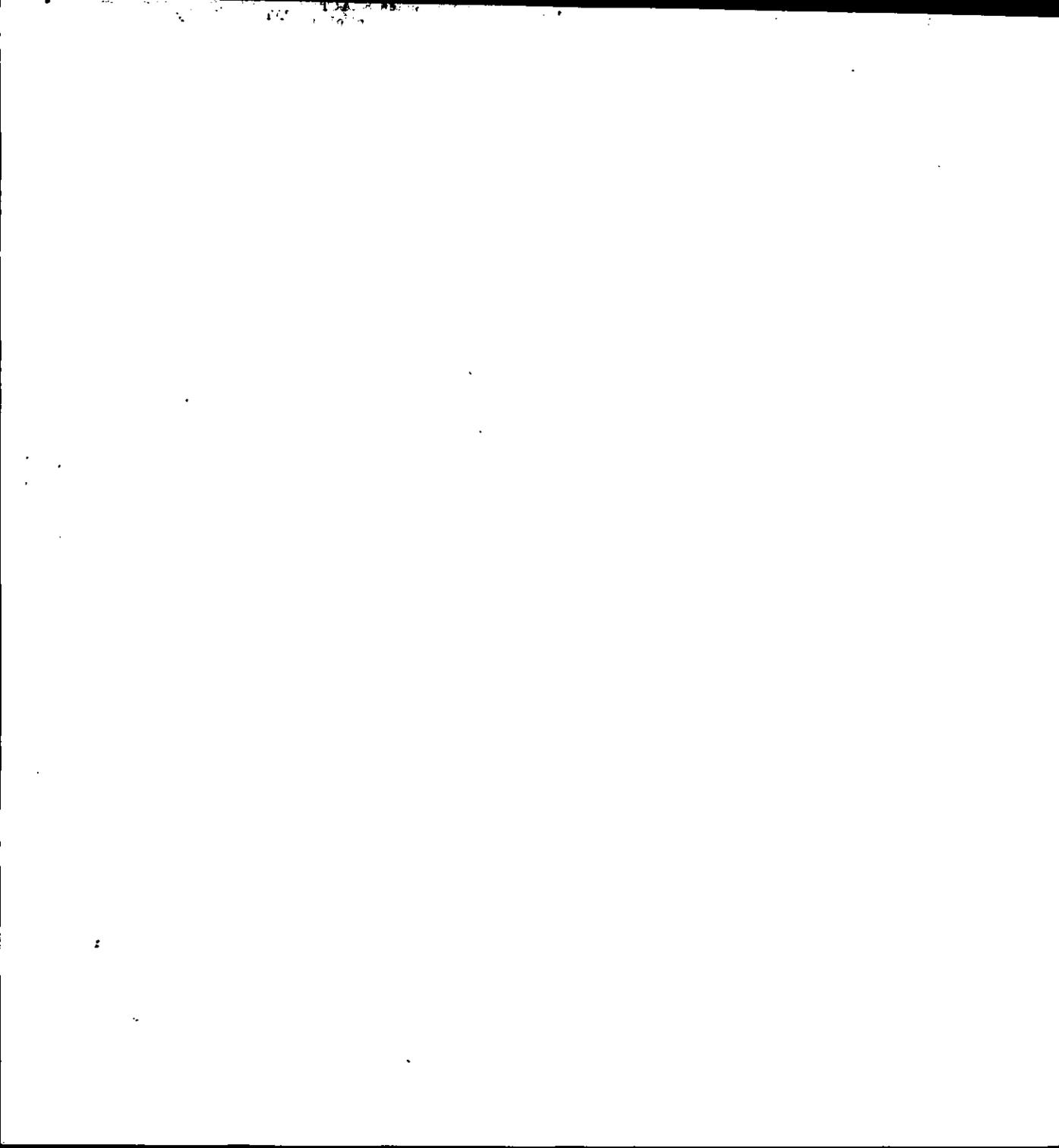
Jan 2 1929

## 20. UNDERTAKER

## ADDRESS

Holley R. McCaw

Rolla, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Phelps  
Township Holla  
City (No. ....) .....

Registration District No. 677  
Primary Registration District No. 3901

File No. ....  
Registered No. 77  
St. .... Ward)

**2. FULL NAME**

Elbe V. Fraizer

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
(write the word)

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 - 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

16. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19.....  
that I last saw h..... alive ..... 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24, 1908

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than I day, ..... hrs. or ..... min.  
20 10 4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work ..... (duration) ..... yrs. .... mos. .... ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer

17. CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed)....., M. D.  
, 19 (Address)

10. NAME OF FATHER  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

14. INFORMANT (Address)

\*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.

15. FILED 3 14 19 29 E. F. Ayers REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
19

20. UNDERTAKER ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. THIS STATEMENT IS SUPPLEMENTARY TO THE MAIN CERTIFICATE OF DEATH AND IS VERY IMPORTANT. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-42034