JUN 25 1929

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

Do not use this space.

17991

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 17991
Township Blue — Primary Registration District No. 3019 — Registered No. 203
City Indep Mo (No. ..... St. ..... Ward)

2. FULL NAME Rose Altha Frazier
(a) Residence. No. 724 Proctor Place Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 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: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 19 - 1855
7. AGE: 72 YEARS, 3 MONTHS, 3 DAYS. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersburg Ohio
PARENTS
10. NAME OF FATHER: Robt Frazier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Millersburg Ohio
12. MAIDEN NAME OF MOTHER: Nancy Ann Woods
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Millersburg Ohio
14. INFORMANT (Address): Ethel Frazier Frances 742 ~~Frazier~~ Proctor Pl
15. FILED 5-25 1929 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 24 - 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to May 24, 1929, that I last saw her alive on May 23, 1929, and that death occurred, on the date stated above, at 2:20 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gall bladder
4 L B
4 4 B (duration) about 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) ✓
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) J. C. Hickerson, M. D
May 23 1929 (Address) Independence 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: Stuart Iowa — DATE OF BURIAL: 5-26 1929
20. UNDERTAKER: C. D. Carson Son — ADDRESS: Indep Mo

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.