

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

Do not use this space.

41196

JUN 27 1933

**1. PLACE OF DEATH**

County Randolph Registration District No. 733  
 Township North Springs Primary Registration District No. 438  
 City Huntsville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 42  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** James Frazier

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15, 1932

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 10<sup>th</sup>, 1932, to Dec 10<sup>th</sup>, 1932 that I last saw h. alive on Dec 15<sup>th</sup>, 1932 and that death occurred, on the date stated above, at 4<sup>00</sup> m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16, 1861

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 9 29

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Influenza  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Black Smith  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Iowa  
 (STATE OR COUNTRY) \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

10. NAME OF FATHER William Frazier

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) N. A. Demarest, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY) \_\_\_\_\_

, 19 \_\_\_\_\_ (Address) Huntsville Mo

12. MAIDEN NAME OF MOTHER Hattie Smith

\*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. E. A. Bowman  
 (Address) Huntsville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakland Cemetery DATE OF BURIAL Dec. 17, 1932

15. FILED Dec 17 1932 G S Bridges  
 REGISTRAR

20. UNDERTAKER Tom B. Patton ADDRESS Huntsville

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.

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