

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

Do not use this space.

1. PLACE OF DEATH

County Bucaran Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Mo. (No. State Hospital #2) State _____ Ward _____

File No. _____
 Registered No. 500

2. FULL NAME

Mollie Frazier
 (a) Residence, No. Waverly Missouri 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. 5 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)** Married & widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julien Frazier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1852
7. AGE YEARS 81 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown north Carolina

13. NAME Thomas Grogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

15. MAIDEN NAME Susan Pursell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown north Carolina

17. INFORMANT (ADDRESS) Stat. Hosp. 1202 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Mo. **DATE** July 13 1933

19. UNDERTAKER (ADDRESS) H. O. Sidenfader 1802 Gibson st St. Joseph Mo.

20. FILED Jul 13 1933 J. M. B. Sander Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1933
22. I HEREBY CERTIFY, That I attended deceased from July 6 1933, to July 11 1933
 That saw her alive on July 11 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia Date of onset July 9 1933
52e
93e
107A
 Other contributory causes of importance:
Chronic myocarditis
Epithelioma of nose

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chrom. bodies Where an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Henry W. Foreman, M. D.
 (Address) State Hosp. #2 St. Joseph 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.

AUG 20 1933

MOTHER FATHER

