

Dr. Bellod.  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

25930

189

**1. PLACE OF DEATH**

County Cole Registration District No. 213 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2014 Registered No. \_\_\_\_\_  
 City Jefferson (No. \_\_\_\_\_, St. Mary's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Jack Frazier

(a) Residence, No. Cedar City, Mo. 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**

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 Fanny Frazier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>77</u>	<u>11</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Callaway Co.  
 (STATE OR COUNTRY) Missouri

13. NAME William Frazier  
 14. BIRTHPLACE (CITY OR TOWN) U. S. A.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Fannay Wallace

16. BIRTHPLACE (CITY OR TOWN) U. S. A.  
 (STATE OR COUNTRY)

17. INFORMANT O. S. Wallace  
 (ADDRESS) Holts Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holts Summit, Mo. DATE Aug. 24, 1935

19. UNDERTAKER Heinrichs Funeral Home  
 (ADDRESS) Jefferson City, Mo.

20. FILED 9/6/35 J. C. [Signature]  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21- DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Uremia  
137  
1350  
137  
 Other contributory causes of importance:  
Enlarged prostate gland  
Sinistrotomy

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. C. [Signature], M. D.

(Address) J. C. [Signature]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE EVERY FACT OF IMPORTANCE TO BE CERTAINLY SUPPLIED.

SEP 26 1935

