

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No. 31988
Registered No. 971
St. Ward)

2. FULL NAME

(a) Residence, No. 609 E Austin S. 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Frazier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>15 March 1863</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>6</u>
		<u>11</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as mill, saw mill, bank, etc. <u>Settler Foreman</u>
	10. Date deceased last worked at this occupation (month and year) <u>Sept 2 1929</u>
	11. Total time (years) spent in this occupation <u>60</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Kentucky</u>
	13. NAME <u>James Frazier</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know Virginia</u>
	15. MAIDEN NAME <u>Emma Hunt</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	

17. INFORMANT Mye Emma Frazier
(ADDRESS) Nevada mo

18. BURIAL, CREMATION, OR REMOVAL
Deepwood Cem DATE Sept 28 1933

19. UNDERTAKER Ferry Funeral Home
(ADDRESS) Nevada mo

20. FILED 10-6-33 E. B. King
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1933, to Sept 15 1933.
I last saw him alive on Sept 20 1933. Death is said to have occurred on the date stated above, at 4-9 m.

The principal cause of death and related causes of importance were as follows:
It emphysema of lungs
Brain
77

Date of onset

Other contributory causes of importance:
arterio sclerosis

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? no
If so, specify
(Signed) J. M. Yates, M. D.
(Address) Nevada 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.

OCT 26 1933

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