

REC'D FEB 11 1939

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

4253

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 892
 (b) Township Black River Primary Registration District No. 6194 Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Arinda Frailer
 (a) Residence, No. Tarkenton, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</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>Car Frailer</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1 1865</u>			
7. AGE YEARS <u>73</u>	MONTHS <u>4</u>	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>		
	9. Industry or business in which work was done, as 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) <u>Wayne Co. Ill.</u>			
FATHER	13. NAME <u>Jake Burrus</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
MOTHER	15. MAIDEN NAME <u>Faivine Woolen</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Clarence Frailer</u> (ADDRESS) <u>Tarkenton, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coal Springs</u> DATE <u>Jan 4 1939</u>			
19. FUNERAL DIRECTOR <u>none</u> (ADDRESS)			
20. FILED <u>Jan. 4 1939</u> <u>Mrs. Hattie McShee</u> Local Registrar. <u>816</u> (Address) <u>Greenhill, Mo.</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1939, to Jan 3 1939
 I last saw her alive on Dec 31 1938. Death is said to have occurred on the date stated above, at 5:40 a.m.

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

Pulmonary Tuberculosis Date of onset 1930
28'

Other contributory causes of importance:

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) Dr. O. A. Mason, M. D.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signature _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)