

REC'D JUN 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH19119
Do not use this space.57
1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township _____ Primary Registration District No. 3026 Registered No. 71
 (c) City Chillicothe (d) Street No. 57 Wilson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Peggy Lynn Frazier

(a) Residence, No. 57 Wilson 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Chillicothe
 (STATE OR COUNTRY) Missouri

13. NAME Byron T. Frazier

14. BIRTHPLACE (CITY OR TOWN) Utica
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Dorothy Mae Stephens

16. BIRTHPLACE (CITY OR TOWN) Livingston County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Byron T. Frazier
 (ADDRESS) 57 Wilson Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 5-7 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman
 (ADDRESS) Chillicothe, Missouri

20. FILED 5-8 1939 N. Wilson M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5 1939 to May 5 1939

I last saw her alive on May 5 1939 Death is said to have occurred on the date stated above, at 8:30 p. m.

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

Heart decapitation Date of onset ?

Other contributory causes of importance:

Quemosis & malnutrition since birth

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1939

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 _____ M. D.

(Signed) R. A. Berryman
 (Address) Chillicothe, Missouri

RECEIVED
District Health Officer No. _____
District File Number 11-39
Date Filed JUN 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. R. Norman, or by

Registered Apprentice No., working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri

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.)

If this body is not embalmed, above space should be left blank.