

1939

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

21929
Do not use this space.

1. PLACE OF DEATH

(a) County **Cooper** Registration District No. **218**
(b) Township Primary Registration District No. **3015**
(c) City **Boonville** (d) Street No. 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

Mrs. Elizabeth Frazier.
(a) Residence, No. **309 Third St.** St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 29th 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife.**
9. Industry or business in which work was done, as saw mill, bank, etc. **At Home.**
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) **Boonville, Mo.**

FATHER 13. NAME **John LaRose**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

MOTHER 15. MAIDEN NAME **Amelia Weyland.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT (ADDRESS) **Robert E. Frazier, Boonville, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walnut Grove Cem** DATE **June 6th 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Goodman & Boller, Boonville, Mo.**

20. FILED **6-6** 19**39** **D. Schaefer** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **5-14**, 19**39** to **6-4**, 19**39**
I last saw her alive on **6-4**, 19**39**. Death is said to have occurred on the date stated above, at **11:30 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart disease.
Date of onset **9/20**
Other contributory causes of importance:

Name of operation **None** Date of **1939**
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 19.....
Where did injury occur? **At Home** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **At Home**
Nature of injury **Chronic**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **At Home**
(Signed) **H. D. Quigg**, M. D.
Boonville, Mo.

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.

COPYED BY CARNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/3/39

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *J. H. Goodman*.....
Licensed Embalmer No. *1178*.....
P. O. Address *Boonville, Mo*.....

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.