

DEC 12 1935

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

Do not use this space.

37792

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **3004**) **Kemp Ave**

File No. **9768**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. **3004-Kemp Ave** St. **24** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Fraser		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1878		
7. AGE YEARS 57	MONTHS 10	DAYS 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed (Cyns)		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
13. NAME J. W. Fraser		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky		
15. MAIDEN NAME Betty Clay		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts		
17. INFORMANT Annie Richardson (ADDRESS) 3004-Kemp Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE Nov 23 35		
19. UNDERTAKER Wacker-Helderly (ADDRESS) 2331 Broadway		
20. FILED NOV 22 1935 19 J. F. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 20** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... allve on 19..... Death is said to have occurred on the date stated above, at **6 P.** m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Chronic Myocarditis
Arterio Sclerosis
Date of onset

Other contributory causes of importance: **930**

Name of operation Date of
What test confirmed diagnosis? 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? **✓**
(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 **Garbage Collector** M. D.
(Signed) **Rayford**
(Address) **Rayford**

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.

