

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 2029 File No. 87524
 Township Kaw Primary Registration District No. 1011 Registered No. 1011
 City Kansas City (No. 2029 General Hosp. St. _____ Ward _____)

2. FULL NAME

Henry Fraser
 (a) Residence, No. 5422 E 2nd St. 14 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov Ink 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 Ink

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, 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) Tex 2

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

17. INFORMANT (ADDRESS) Reverend Clerk
2029 Gen. Hosp. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 4-6 19. 1920

19. UNDERTAKER (ADDRESS) Johnston
Kansas City, Mo.

20. FILED Mar 31 19 37th St. Crown
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

2
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1920

22. I HEREBY CERTIFY, That I attended deceased from 3-2 1920 to 3-29 1920
 I last saw him alive on 3-29 1920 Death is said to have occurred on the date stated above, at 5:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Senile Dementia
97
162
 Other contributory causes of importance:
Arteriosclerosis
 Date of onset _____

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) P. B. Cleary M. D.
3-30-20 (Address) 5422 E 2nd St. Kansas City, Mo.

MARGIN RESERVED FOR BINDING
 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.

