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

Do not use this space.

12556

File No.

Registered No. 1179

1. PLACE OF DEATH
County Jackson Registration District No.
Township Kaw City Primary Registration District No. 1
City Kansas City (No. 2900 Park Ave St. Ward)

2. FULL NAME John M. Fraim
(a) Residence (Usual place of abode) No. 2900 Park ave St., 11 Ward.
(If nonresident, give city or town and State)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	6	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer (Retired 6 years)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer A.T.+S.F.R.R.Co.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Henry Fraim
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Sarah Spangler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

14. INFORMANT Mrs. Anna Ford
(Address) 2900 Park ave.

15. FILED 4/4, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-26 1930 to 4-3 1930, that I last saw him alive on 4-3 1930 and that death occurred, on the date stated above, at 4 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
80A
97
102
Arterio Sclerosis (duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 2900 Park Kans
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D.
4/3 1930 (Address) 1034 Realto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Elmwood Cem.	4/5 1930
20. UNDERTAKER	ADDRESS
A. W. Newcomer & Sons	K.C. Mo.

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.