



Alexander 'Claude' FRASER

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|--------------------|--|
| Regimental number | N/A |
| Occupation | Farmer |
| Address | Lagoon Flat, Bonshaw |
| Marital status | Single |
| Age at embarkation | 18 |
| Next of kin | Mother, Jane Fraser, Lagoon Flat, Bonshaw |
| Enlistment date | 22nd June, 1915 |
| Rank on enlistment | Private |
| Unit name | 8th Reinforcements, 1st Battalion |
| Fate | Died 11th July 1915 from Lombar Pneumonia and Meningitis at the Garrison Hospital, Victoria Barracks |

No. 15.

No. 35 **NEW SOUTH WALES.**

Certified Copy of Death Certificate

Medical Certificate of the Cause of Death.

To be given by the Medical Attendant to the Person whose duty it is to give it, with information of the Death, to the Registrar of the District or Sub-District in which the Death took place, and TO NO OTHER PERSON.

I HEREBY CERTIFY that I attended Claude Fraser during the last illness; that such person's age was stated to be 35 years; that I last saw him on the 10th day of July 1905; that he Died on the 11th day of July 1905, at Garrison Hospital, Victoria Barracks and that to the best of my knowledge and belief the cause of his death was as hereunder written.

| Cause of Death. | | Duration of Disease in Years, Months, Days, or Hours.† |
|------------------------------|---|--|
| (a) Primary (Actual) | <u>Lobar Pneumonia & Meningitis</u> | |
| (b) Secondary (Contributing) | <u>syncope</u> | |

Witness my hand, this 15th day of July 1905.

Signature Wm. H. Franks
Residents Garrison Hospital Registered Qualification MD (M)

* Should the Medical Attendant not feel justified in taking upon himself the responsibility of certifying the fact of Death, he may here insert the words "as I am informed."
† The duration of each form of Disease or Symptom, is reckoned from its commencement until death occurs.
N.B.—If the Deceased was a State child, boarded out, the Children's Protection Act of 1892 (56 Vic. No. 50, sec. 6) requires that the medical attendant, in giving the cause of death, should also certify whether such cause was accelerated by neglect or ill-treatment. The addition of "neglect" or "no neglect," under the cause of death, will comply with this requirement.
N.B.—THIS CERTIFICATE IS INTENDED SOLELY FOR THE USE OF THE REGISTRAR, to whom it should be delivered by the Person giving information to him of the particulars required by law to be registered concerning the Death.
* The Registrar General cautions all persons against accepting or using this certificate for any purpose whatever except that of delivering it to the Registrar.

[P.T.O.]

