

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

Do not use this space.

33534

**1. PLACE OF DEATH**

County Barton Registration District No. 39  
Towship \_\_\_\_\_ Primary Registration District No. 4023  
City Golden City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

unnamed Fanning infant  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
				<u>20 min.</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Premature infant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Golden City Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Walter Fanning

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sylvania Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hannah Wood Beatty Oct 12, 1931 (Address) Golden City Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gruber Iowa  
(STATE OR COUNTRY)

14. INFORMANT S W Fanning  
(Address) Golden City Mo

15. FILED 10.13.1931 B. H. Wilson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931, to Oct 12, 1931 that I last saw him alive on Oct 12, 1931, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature birth - lived 20 minutes, gestation about 6 to 6 1/2 months  
159 (duration) yrs. mos. da.  
CONTRIBUTORY Don't know cause of Premature  
(SECONDARY) birth (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 159

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) J. H. Fanning M. D.

\*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 On home premises DATE OF BURIAL 10-12 1931

20. UNDERTAKER none ADDRESS \_\_\_\_\_

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.

NOV 23 1931

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