

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

Do not use this space.

40038

**1. PLACE OF DEATH**

County Atchison  
Township Clark  
City Fairfax, Mo. (No. ....)

Registration District No. 17  
Primary Registration District No. 5821

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Mrs. Fanny Belle Hambaugh  
(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 18 yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF W. H. Hambaugh (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1869  
7. AGE YEARS 62 MONTHS 9 DAYS 0 If LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife  
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) Craig, Mo.

FATHER 13. NAME Chas A Doughty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Harriett Price

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

17. INFORMANT W. H. Hambaugh (ADDRESS) Fairfax, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE Dec 31 1931

19. UNDERTAKER H. J. Schooler, (ADDRESS) Fairfax, Mo.

20. FILED Dec. 31, 1931 Hetta B. Black Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 - 1931  
22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 - 1931, to Dec. 28 - 1931.  
I last saw h. alive on Dec. 27 - 1931. Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset 1927  
46 B  
46 B  
Other contributory causes of importance: Toxic Thyroid

9  
Name of operation ..... Date of .....  
What test confirmed diagnosis? Ulcer Was there an autopsy? Yes

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? Yes  
If so, specify .....  
(Signed) J. M. Davis M. D.  
(Address) Craig 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.

JAN 19 1932

