

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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 100

City St. Joseph

(No. State Hospital #2)

File No. 1690

Registered No. 82

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fannie Fann

(a) Residence, No. State Hospital No 2

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

How long in U. S. If of foreign birth? 37 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 (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Est 64

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Hospital No 2 resident

18. BURIAL, CREMATION OR REMOVAL PLACE State Hospital #2

DATE JAN. 27th 1939

19. UNDERTAKER (ADDRESS) FLEEMAN AND SON, INC. 1946 Calhoun St. St. Joseph, Mo

20. FILED Jan 28 1939

St. Joseph, Mo  
RR Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1937, to Jan. 26, 1939

I last saw him alive on Jan. 26, 1939 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:

Bilateral Pulmonary embolus

Date of onset

Other contributory causes of importance:

Myocardial Failure  
Generalized arteriosclerosis  
Dementia Praecox

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify \_\_\_\_\_

(Signed) G. D. Pennington, M. D.

(Address) State Hospital No 2

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THIS WAS A STATE HOSPITAL BURIAL AND THE BODY  
WAS NOT EMBALMED.

FLEEMAN & SON INC.

*John E. Rupp*