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

Do not use this space. 26888-C

1. PLACE OF DEATH
County Barry Registration District No. 79 File No.
Township [illegible] Primary Registration District No. 5046 Registered No. 57
City (No. St. Ward)

2. FULL NAME Nancy C Fawson
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	MEDICAL CERTIFICATE OF DEATH
3. SEX: F	16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22 1929
4. COLOR OR RACE: w	17. I HEREBY CERTIFY, That I attended deceased from Sawker over Aug-22-, 1929, to , 19 that I last saw her alive on Aug-22-, 1929, and that death occurred, on the date stated above, at 10 30 p.m.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): m	THE CAUSE OF DEATH* WAS AS FOLLOWS: Senility. 92A 162 (duration) yrs. mos. ds.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Fawson	CONTRIBUTORY (SECONDARY) Mitral Regurgitation (duration) yrs. mos. ds.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 13 1841	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
7. AGE: Years 88, Months , Days 9. If LESS than 1 day, hrs. or min.	DID AN OPERATION PRECEDE DEATH? no DATE OF
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Housekeeper. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	WAS THERE AN AUTOPSY? no
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky	WHAT TEST CONFIRMED DIAGNOSIS? Clinical
PARENTS 10. NAME OF FATHER: Elijah Jeffries	(Signed) H. L. Kerr, M. D.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know	8-22-1929 (Address) Crane
12. MAIDEN NAME OF MOTHER: " "	*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.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Aurora Mo. DATE OF BURIAL: 8-23 1929
14. INFORMANT: John Williams (Address) Crane	20. UNDERTAKER: W E Hilton. ADDRESS: Crane Mo
15. FILED Nov 1 1929 Mrs H. R. Williams Dpt. REGISTRAR	

Kerr

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.

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