

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

Do not use this space.

32576

1. PLACE OF DEATH

County North
Township Richland
City Paris

Registration District No. 702
Primary Registration District No. 6212

File No. 9
Registered No. 20
St. Ward

2. FULL NAME

Lara, Margaret - Fattis

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 - 1844

7. AGE YEARS 83 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Don't know
(c) Name of employer Don't know

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

10. NAME OF FATHER Mace Fattis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT (Address) Myra Debbie Thompson

15. FILED Nov 10 - 1927 REGISTRAR John Andrew

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 19 27

17. I HEREBY CERTIFY, That I attended deceased from Oct 17 19 27 to Oct 17 19 27, that I last saw him alive on Oct 10 - 3:00 p.m. 19 27, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Medical supervision
92A (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS Physician's report

(Signed) R. J. Russell, M. D. Oct 18, 1927 (Address) Chambers St. Mo

*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 Padon Cemetery

20. DATE OF BURIAL 16 - 19 19 27

20. UNDERTAKER W. J. Russell ADDRESS Chambers St. Mo

