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

Do not use this space.

38723

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City City of St. Louis (No. 3932 Folsom ..... St. ..... Ward)

File No. 11447

Registered No. .....

2. FULL NAME Fannie Francis Beers

(a) Residence. No. 3932 Folsom St., 18 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

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: James

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-20-1849

7. AGE: Years 78 | Months 1 | Days 2 | 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) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Augustus Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn

12. MAIDEN NAME OF MOTHER: Sarah Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va

14. INFORMANT: Geo. Martin
(Address) 4418 Swan Ave

15. FILED: FEB 22 1927 Max C Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1926, to Dec 22, 1927 that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 12:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
74 A 1 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) C. E. Matlock, M. D

12/22, 1927 (Address) 4989 Neosho St.

*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: Keysville Mo

DATE OF BURIAL: Dec 22 1927

20. UNDERTAKER: Alexander Sons

ADDRESS: 6175 Delmar

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.