10036-7

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

Do not use this space. 10036-7 mchaniels.

1. PLACE OF DEATH
County Pemiscot Registration District No. 655 File No. 2
Township Virginia Primary Registration District No. 5872 Registered No. 165
City (No. St. Ward)

2. FULL NAME mrs. Fannie Halbert
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR)
7. AGE: YEARS 73 MONTHS DAYS If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Have wife.
(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): alab.

PARENTS
10. NAME OF FATHER: head
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): "
12. MAIDEN NAME OF MOTHER: "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT: J. E. Halbert
(Address) Steele mo.
15. FILED 3/11, 1928 A. Simmons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11 1928
17. I HEREBY CERTIFY, That I attended deceased from 1928, to 3/11, 1928 that I last saw her alive on 3/11, 1928, and that death occurred, on the date stated above, at 2 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Good (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. D
3/11, 1928 (Address) Steele 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: athens alab.
DATE OF BURIAL: 3/11 1928
20. UNDERTAKER: COBB UNDERTAKING CO
ADDRESS: [illegible]

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.