26 1928

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

Do not use this space.

30904

1. PLACE OF DEATH
County Johnson
Township ~~Warrensburg~~
City Warrensburg (No. ..... St. ..... Ward)
Registration District No. 431
Primary Registration District No. 3023
File No. .....
Registered No. .....

2. FULL NAME Fanny Bird Embree
(a) Residence. No. 321½ E Market St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 32 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm L. Embree

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 27. 1859.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	1	19	

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) Liberty
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jefferson C Thornton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Katherine Bird
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Mo

14. INFORMANT J. C. Thornton
(Address) Warrensburg, Mo

15. FILED Sept 17 1928 Wm R Patterson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep, 15. 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 13/28, 19..., to Sept 15, 1928, that I last saw her alive on Sept 15, 1928, and that death occurred, on the date stated above, at 10-35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage.
82A
99 (duration) ..... yrs. ..... mos. 2 ds.

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

18. WHERE WAS DISEASE CONTRACTED? 74A1
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
8 WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) K. F. Parker, M. D
, 19 (Address) Warrensburg 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 Sunset Hill Cem
DATE OF BURIAL 9/16 1928

20. UNDERTAKER S. R. Sweeney, Warrensburg
ADDRESS

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.