JAN 28 1929

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

Do not use this space.

43822

1. PLACE OF DEATH

County Taney — Registration District No. — File No.

Township Swan — Primary Registration District No. — Registered No. 22

City Taneyville (No. ..... St. ..... Ward)

2. FULL NAME Fanny Morrissett

(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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) X Mch 13 1853

7. AGE: 75 — YEARS: — MONTHS: 9 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Taney County
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Mr Bruton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) U K
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER U K

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) U K
(STATE OR COUNTRY)

14. INFORMANT James Hire
(Address) Branson Mo

15. FILED 12-28 1928 F V Baldwin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1928, to Dec 27th, 1928 that I last saw her alive on Dec 27th, 1928, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

1079

(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) J M Shredyll Jr, M. D

19 (Address) Forsyth 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: Helphrey Cem

DATE OF BURIAL: 12-28 1928

20. UNDERTAKER: None

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.