

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

Do not use this space.

4924

**1. PLACE OF DEATH**

County Saline Registration District No. 799  
 Township Centerville Primary Registration District No. 4409  
 City Slater No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 8  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fannie Ham

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Ham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-30-1865

7. AGE: YEARS 63 MONTHS 9 DAYS 13  
 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) Higbee  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Joe Sedley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Adam Ham  
 (Address) Slater mo

15. FILED 1/15/24 1924 W m Tuttle  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 13 - 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 13, 1929, that I last saw her alive on Jan 13, 1929, and that death occurred, on the date stated above, at 10:30 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis of lungs

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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) W. S. Smaddy, M. D.  
 , 19 (Address) Slater 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 Slater cemetery DATE OF BURIAL Jan 15 19 29

20. UNDERTAKER Gene & Salzer ADDRESS Slater mo

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.

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$$\begin{array}{r} 1929 \quad 1-13 \\ 63 \quad 10 \quad 13 \\ \hline 1865 \quad 3 \end{array}$$

$$\begin{array}{r} 19.29 \quad 1 \quad 13 \\ 1865 \quad \cancel{10} \quad \cancel{13} \\ \hline 63 \quad 9 \quad 13 \end{array}$$

is

$$\begin{array}{r} 1865 \quad 3-30 \\ 63 \quad 9 \quad 13 \\ \hline 1929 \quad 12 \quad 43 = 1929-1-13 \end{array}$$