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

Do not use this space.

23658

File No. ____
Registered No. 6

1. PLACE OF DEATH
County: Wayne
Township: Greenville
City: Gads Hill (No. ____ St. ____ Ward)
Registration District No. 891
Primary Registration District No. 45 40

2. FULL NAME: Fanny Warren
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. A. Warren.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 11th 1856

7. AGE: YEARS 72 MONTHS 11 DAYS 13 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

9. BIRTHPLACE (CITY OR TOWN): Reynoldsville
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Wesley Fredericks
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ____
(STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Susan Childers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ____
(STATE OR COUNTRY): Alabama.

14. INFORMANT: J. T. Warren.
(Address): Gladden Mo.

15. FILED 6/25/1929 T. C. Giles M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23 1929

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1928, to June 23, 1929, that I last saw her alive on June 21, 1929 and that death occurred, on the date stated above, at ____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131 (duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) ____ (duration) ____ yrs. ____ mos. ____ ds.

Total

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? Physical Chem. Dig
(Signed) T. C. Giles M. D.
, 19 (Address) Gadshill 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: Glover Mo.
DATE OF BURIAL: June 24 1929

20. UNDERTAKER: A. P. Walton & Son
ADDRESS: Doniphan

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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