APR 23 1930

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

Do not use this space.

85

7754

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 296

Township — Primary Registration District No. — Registered No.

City St. Joseph, (Scott) (No. 2810 Lovers Lane, St. Ward)

2. FULL NAME Sarah Louise Fanning,

(a) Residence. No. 2810 Lovers Lane, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Fanning,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 4, 1836

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	93	3	5	

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

9. BIRTHPLACE (CITY OR TOWN) Athens,
(STATE OR COUNTRY) Pennsylvania,

PARENTS

10. NAME OF FATHER William Scott,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belfast,
(STATE OR COUNTRY) Ireland,
12. MAIDEN NAME OF MOTHER Sarah Bertram,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tunhaunock
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT John I. McDonald
(Address) 2810 Lovers Lane

15. FILED MAR 10 1930 John G. [illegible] REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1930

17. I HEREBY CERTIFY, That I attended deceased from VIEWED on ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 5:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis
93 C
97
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) 10 yrs. mos. ds.

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? clinical
(Signed) B. W. Tadlock Coroner M. D.
3/4, 1930 (Address) St Joseph 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	DATE OF BURIAL
Mount Mora Cemetery	Mch. 10 1930
20. UNDERTAKER	**ADDRESS**
Heaton - McGoe + Bowman	319 S. 10 St.

Funeral Home

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.