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

File No. 2820
Registered No. 3

1. PLACE OF DEATH
County: St. Louis — Registration District No. 789
Township: Central — Primary Registration District No. 603388.
City: (No. 6321, Audrey Ave., St., Ward)

2. FULL NAME Fannie L. Severs
(a) Residence. No. 6321 Audrey Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	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 James Severs.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	3	13	

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): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) McLeansboro
(STATE OR COUNTY) Illinois

PARENTS
10. NAME OF FATHER Thos. Dale.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) McLeansboro.
(STATE OR COUNTY) Illinois
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTY) Don't Know

14. INFORMANT Mr. Alvin Severs
(Address) 6321 Audrey Ave

15. FILED 1/4, 1931 Joella Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to Jan. 2, 1931 that I last saw her alive on Jan. 2, 1931, and that death occurred, on the date stated above, at 2.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (Chronic)
131
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerotic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Same
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) E. H. Davis, M. D.
1/9, 1931 (Address) 1492 Hodiamont

*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 McLeansboro Ill — DATE OF BURIAL 1-5 1931
20. UNDERTAKER Geo. L. Pleitsch — ADDRESS 5966 Easton Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD