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.

APR 21 1931

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

Do not use this space.

1. PLACE OF DEATH
County Barrett — Registration District No. 250 — File No. 13663
Township Union — Primary Registration District No. 5348 — Registered No. 613
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Clarissa Fannin
(a) Residence, No. ..... 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: 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: J. M. Fannin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 5-1852
7. AGE: YEARS 78 MONTHS 7 DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 235
10. Date deceased last worked at this occupation (month and year): Apr. 1-1931
11. Total time (years) spent in this occupation: 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville Ohio

FATHER
13. NAME: Silas Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Martha Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. Geo. Tomlinson Gallatin Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Everly Cem. DATE: 4-10, 1931
19. UNDERTAKER (ADDRESS): H. A. Hope Gallatin Mo.
20. FILED: 4-10-, 1931 P. L. Gardner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April - 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to Apr 9, 1931
I last saw her alive on Apr 8, 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Apr 3 1931
107A	
112	

Other contributory causes of importance:
Bronchial asthma, chr since 1926

1070

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) M. A. Smith, M. D.
(Address) Gallatin Mo