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

Do not use this space. 37158

1. PLACE OF DEATH
County: Clay — Registration District No. 198
Township: F. R. — Primary Registration District No. 3011
City: Excelsior Springs — St. ..... Ward)

File No. ..... Registered No. 154

2. FULL NAME: Elizabeth Fancy
(a) Residence, No. 402 So. Morrietta 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: 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: Dan Fancy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 25-1910

7. AGE: Years 21 — Months 2 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo

FATHER
13. NAME: Geo Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dover Brown

MOTHER
15. MAIDEN NAME: Anna Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Mo

17. INFORMANT (ADDRESS): Dan Fancy Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Richmond Mo DATE: Nov 30, 1931

19. UNDERTAKER (ADDRESS): E. Thurman Richmond Mo

20. FILED: Nov 30, 1931 — Y. D. Craven, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Nov 30, 1931
I last saw her alive on Nov 30, 1931. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Nov 14-31
493	

Other contributory causes of importance: Evidently pyo
Dolphin - Labor clarfield
the perineum

Name of operation: Child Birth — Date of: Nov 9 31
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? No — 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: none
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: —
(Signed) Y. D. Craven, M. D.
(Address) Excelsior Springs 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.

DEC 21 1931

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