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

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.

FEB 23 1932

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

Do not use this space.

228

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 61

City St.Joseph, (No. St.Joseph,s Hospital St. Ward)

2. FULL NAME Rachael Fanning

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

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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 W.H.Fanning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28,1852.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	2	20	

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.
10. Date deceased last worked at this occupation (month and year) Unknown.
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Illinois. 2

FATHER

13. NAME Shaerod Harris.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Kentucky.

MOTHER

15. MAIDEN NAME Ann Davidson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown. 3

17. INFORMANT (ADDRESS) S.E.Fanning Centralia,Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia,Kansas. DATE Jan.21 1932

19. UNDERTAKER (ADDRESS) H. C. Sidenfaden 1802 Union Street

20. FILED 1-18-32 19 John R. Bender Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January.18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932 to Jan. 18, 1932
I last saw her alive on Jan. 18, 1932 Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Appendicitis — Date of onset Jan 9 1932
121 B
131
93 C

Other contributory causes of importance:
General Arteriosclerosis
Chronic Nephritis
Chronic Myocarditis

Name of operation Appendectomy Date of Jan. 12 1932
What test confirmed diagnosis? Operation 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Taryl Potter, M. D.
(Address) 131 Faram St. Joseph, Ill.