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.

JAN 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 38581

Township: — Primary Registration District No.: 1001 — Registered No.: 1303

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Fannie May Denning

(a) Residence, No. 2508 Faraon St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robt. L. Denning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	61	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

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): Fillmore, Mo. 1

FATHER

13. NAME: Smith George

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belmont, Ohio. 2

MOTHER

15. MAIDEN NAME: Emma Gleaves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Middletown, Ohio

17. INFORMANT (ADDRESS): Robt. L. Denning, 2508 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt. Mora Cemetery DATE: Dec. 28, 1932

19. UNDERTAKER (ADDRESS): Walter Maenhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED DEC 27 1932 19 John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 26, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932, to Dec 26, 1932

I last saw her alive on Dec 25, 1932. Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	12/10/32
92C	
106A 93	

Other contributory causes of importance:

Chronic myocarditis

Name of operation: none Date of: No

What test confirmed diagnosis? Was there an autopsy?

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: No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Owens, M. D.

(Address) Ballinger Bldg., St. Joseph, Mo.