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.

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

Do not use

1. PLACE OF DEATH
61 County Macon — Registration District No. 526 — File No. 23702
Township Lyda — Primary Registration District No. 5700 — Registered No.
City Atlanta Mo No. , St. Ward)

2. FULL NAME Fannie Stutsman
(a) Residence, No. St., 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. 15 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): widow

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF James E Stutsman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1859

7. AGE — YEARS 73 — MONTHS 9 — DAYS 17 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Monroe Co. Mo

FATHER
13. NAME Joshua Goodnight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary F Sparks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Carl Johnson Miami Florida

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macon DATE July 3 1933

19. UNDERTAKER (ADDRESS) H M Goodding Atlanta Mo

20. FILED Aug 6, 1933 G. L. Cambe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to July 2, 1933
I last saw her alive on July 2, 1933. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:
Congestive heart failure — Date of onset
93C
93

Other contributory causes of importance:
Myocardial Degeneration

Name of operation Date of
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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A L Campbell, M. D.
(Address) Atlanta Mo