

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

Do not use this space.

29594

PLACE OF DEATH

County Jackson
Township Hart
City Francis City (No. 4922 Wabash)

Registration District No. 399
Primary Registration District No. 1001

File No. 3513
Registered No. 3513 St. Ward

2. FULL NAME

Alice L. Bryant Fairchild

(a) Residence, No. 4922 Wabash St. Ward.

(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 widow
(Usual place of abode)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Webster Fairchild died 7-26-33

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 48 MONTHS DAYS If LESS than 1 day, hrs. min.

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. Home
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) Doncord Ill

13. NAME David Miles Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Wook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Harry F. Eiler (ADDRESS) Butler mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE at moriah DATE Sept 5 1933

19. UNDERTAKER Eylar Funeral Home (ADDRESS) 1800 Linwood

20. FILED 9-5-33 M. M. Corone Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/1/33 1933 Friday

22. I HEREBY CERTIFY that I attended deceased from 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1:15 P m.

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

Cyanide Poisoning Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury 9/1/33

Where did injury occur: 4922 Wabash, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Took Poison (cyanide).

Nature of injury

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

If so, specify

(Signed) , M. D.

(Address)

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.

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