

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.

NOV 10 1933

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

Do not use this space.

33153

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Manassas City (No. 3100 Elected) Registered No. 4087
 St. Ward

2. FULL NAME Robert M. Fenton
 (a) Residence, No. Mount Vernon 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOE W. Fenton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 6 11

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

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) Mount Vernon (STATE OR COUNTRY) Mo.

FATHER 13. NAME Benjamin M. Slonog
 14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Aursley
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. C. Stone
Mount Vernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Vernon DATE Oct. 19 1933

19. UNDERTAKER (ADDRESS) Port Undertaking Co.
Mount Vernon

20. FILED 10-17, 1933 M. M. Crowe
Asst. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1933, to Oct. 17th, 1933
 I last saw her alive on Oct. 16th, 1933. Death is said to have occurred on the date stated above, at 8:50 a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy (cerebral hemorrhage) Date of onset 4 days ago
Senility & arteriosclerosis

Other contributory causes of importance:
Senility & arteriosclerosis

Name of operation _____ Date of _____
 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? _____ 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) Hermon S. Major, M. D.
 (Address) 3100 Elected
Kansas City Mo

