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

Do not use this space. 2

35550

File No. 60

Registered No.

1. PLACE OF DEATH
County Andrew
Township
City Savannah, Mo. No. St. Ward)

Registration District No. 13
Primary Registration District No. 4610

2. FULL NAME Mrs Fanny Emma Deuser
(a) Residence, No. 803 N. 13th St. St. Joseph, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 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 (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Chas. P. Deuser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30-1851

7. AGE: Years 82 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-keeper
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) (STATE OR COUNTRY): Burgstadt Saxony Germany

FATHER
13. NAME: G. F. Muynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany

MOTHER
15. MAIDEN NAME: Flora Matilda Kountze
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany

17. INFORMANT (ADDRESS): Harry Deuser, 803 N. 13th St. St. Joseph, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Green Hill Cemetery DATE: Nov. 11 1933

19. UNDERTAKER (ADDRESS): Schooler Bros. Saxton, Mo.

20. FILED: Nov 21, 1933 C. C. Fyrere Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov 8, 1933

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1:10 a.m.

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

Date of onset

Mr Fady Was dead when I arrived

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Other contributory causes of importance:

From history I made diagnosis of Angina Pectoris Heart disease

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) Walter P. Myers, M. D.
(Address) Savannah Mo

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.

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

JAN 8 [redacted]

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