

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 4465
City Flat River (No.) St. Ward)

2. FULL NAME Fannie Fairchild
(a) Residence, No. Flat River Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 140358
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Fairchild

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17th 1879

| | | | |
|--------------|------------------------|----------|--|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| <u>54</u> | <u>11th</u> | <u>2</u> | |

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

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) 4-17-34 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genm.

13. NAME Henry Alexander

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Chas. Fairchild 2422 N. Jefferson St. Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn cemetery DATE 4-22-34

19. UNDERTAKER (ADDRESS) W. G. Edwards Bros Flat River, Mo.

20. FILED 5-1 1934 B. B. Blaney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/12 1934 to 4/19 1934
I last saw him alive on 4/19 1934 Death is said to have occurred on the date stated above, at 12:30 P. M.
The principal cause of death and related causes of importance were as follows:
Alumina from acute nephritis Date of onset

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? albumin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) W. P. Jackson M. D.
(Address) Flat River, Mo.

JAN 10 1956

#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

J. Irons

WASHINGTON

14035

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Fannie Fairchild
Who died at _____ on April 19 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years 54 Months 11 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Retired from acute nephritis Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Exposed
Birthplace of mother (State or country) _____
Principal cause of death: Cold

Other contributory causes of importance _____ 130
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar [Signature] Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 774
Primary Reg. Dist. No. 4465

Very truly yours,
E. T. McGaugh
State Registrar

Special Agent.

S-14035