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

Do not use this space.

1. PLACE OF DEATH
County: Daviess
Township: Monroe
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 250
Primary Registration District No. 5349

File No. 23921
Registered No. 717

2. FULL NAME: Julia Ann Fossinger

(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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Adam Frederick Fossinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19th. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	16	

OCCUPATION
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. Home
10. Date deceased last worked at this occupation (month and year) May, 1933
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Preston Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sally Ann Brinegar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Clem Tingler
(ADDRESS) Jameson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE 7/7— 1934

19. UNDERTAKER Hope Furniture & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED 7-10- 1934 P. L. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to July 5, 1934
I last saw her alive on July 4, 1934. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	
2. (Softening of Brain)	

Other contributory causes of importance:

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) John F. Hartley, M. D.
(Address) Pattonsburg 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