

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township Washington Primary Registration District No. _____
City Saint Joseph (No. 2727 So. 19th St) St. _____ Ward _____

File No. 31973
Registered No. 1017
St. _____ Ward _____

2. FULL NAME

Mrs. Sidney Anna Fattig
(a) Residence, No. 2727 So. 19th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pete Fattig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
69 0 19

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

13. NAME John Wolf

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

15. MAIDEN NAME Phoebe Wells

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

17. INFORMANT H. F. Fattig
(ADDRESS) 110 So. 11th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE Sept 3, 1934

19. UNDERTAKER F. H. Sidenfaden
(ADDRESS) 602 So. 10th St.

20. FILED 9-3-34 John R. Bender
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 2, 1934

I last saw h. er. alive on Sept 1, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Myocardial deficiency
Mitral Stenosis

Other contributory causes of importance:

Asthma

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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? No

If so, specify Covered in St. Mary M. D.

(Signed) _____ (Address) 204 Play, Long Bed

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

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.

Date of onset
Jan. 1934
4 yrs

