

OCT 15 1934

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

Do not use this space.

1. PLACE OF DEATH
45 County Howard Registration District No. 378
Township Burdton Primary Registration District No. 5528
City Higbee Mo. (No. _____ St. _____ Ward _____)

File No. 32644
Registered No. 70

2. FULL NAME Fannie South
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 8 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) Boone Co. Mo.
13. NAME James Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.
15. MAIDEN NAME Nancy McClanner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT Allen South (ADDRESS) Higbee Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE It Pleasant DATE Sept 3 1934
19. UNDERTAKER Joe W Burton (ADDRESS) Higbee Mo.
20. FILED Oct. 6 1934 W. O. Bonham Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1934
22. I HEREBY CERTIFY, that I attended deceased from Aug 23 1934 to Sept 1 1934
I last saw her alive on Sept 1 1934 Death is said to have occurred on the date stated above, at 3:30 am.
The principal cause of death and related causes of importance were as follows:

Pyphoid Meningitis
Meningitis
Dysphoid fever
(Exciting cause)
Other contributory causes of importance:
1934

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 _____
(Signed) W. L. Durden M.D.
(Address) Higbee, Mo.

