

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.

OCT 17 1934

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

Do not use this space.

32799

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 22000 Primary Registration District No. 1002
City Kansas City No. 72C General Hosp St. 4135 Ward

2. FULL NAME

Elbert Fann
(a) Residence, No. 2924 Astor St. Ward. (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 Male 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24/1865
7. AGE YEARS 68 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Mo

13. NAME Robert Fann

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

15. MAIDEN NAME Matilda Bruce

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

17. INFORMANT Deputy Clerk
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Raymore Mo DATE Sept 10 1934

19. UNDERTAKER John J. Sheehan
(ADDRESS) Kansas City Mo

20. FILED 9-9-34 1934 34m. J. M. Terow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1934
22. I HEREBY CERTIFY, That I attended deceased from 9-4-1934 to 9-9-1934
I last saw him alive on 9-9-1934 Death is said to have occurred on the date stated above, at 9:05 a.m.
The principal cause of death and related causes of importance were as follows:

Mural Thrombosis
with infarcts to lungs
1933
the 75 & 3
Other contributory causes of importance:

Name of operation Date of _____
What test confirmed diagnosis? Was there an autopsy? yes

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) J. M. Terow M. D.
(Address) Sup't 72C Gen'l Hosp. KC, Mo

