OCT 8 1934

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

Do not use this space.

35030

Vernon Co.

1. PLACE OF DEATH

County ~~Vernon~~ Registration District No. 878 File No. 15

Township Dover Primary Registration District No. 6166 Registered No.

City Milo (No. , St. Ward)

2. FULL NAME Sarah Etta Fanning

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fm

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 Edson E Fanning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1877

7. AGE YEARS 56 MONTHS 9 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Ft. Scott Kansas

FATHER

13. NAME Alford F Hensley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ft. Scott Kansas

MOTHER

15. MAIDEN NAME Nancy Goodwin

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

17. INFORMANT (ADDRESS) Edson E Fanning Milo, Mo. R F D #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Olive Branch DATE Oct 2 1934

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED Oct 2 1934 Kate Willhite Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 30 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept - 30 - 1934, to Sept - 30 - 1934

I last saw her alive on September 30 1934. Death is said to have occurred on the date stated above, at 2 o.o.p.m.

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

Epilepsy (Stitticus) 85

Date of onset

Other contributory causes of importance: 85

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical 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 , 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) G B Todd, M. D.

(Address) Nevada, 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