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.

DEC 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City ~~Farmington, Mo.~~ (No. ..... , ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 40517
Registered No. 152

2. FULL NAME Fannie Day

(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: Female
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 Sanford W. Day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	7	5	

OCCUPATION
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) Kirkwood Missouri

FATHER
13. NAME Thomas F. Pendergast
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ireland

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ireland

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 11-25, 1934

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly St. Louis Mo.

20. FILED 11-24, 1934 B. S. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1933 to November 23, 1934
I last saw her alive on November 22, 1934. Death is said to have occurred on the date stated above, at 8:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Senile Psychosis, Simple Deterioration	1926
Gangrenous Decubiti of ~~Stage~~ over Bony Prominences)	Sept 1934

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? ..... 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) C. C. Ault, M. D.
(Address) Farmington, Mo.