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.

JAN 22 1935

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

Do not use this space.

45505

1. PLACE OF DEATH
County Shelby — Registration District No. 560 — File No.
Township Jefferson — Primary Registration District No. 6094 — Registered No. 5
City ~~[illegible]~~ (No. , St. Ward)

2. FULL NAME Fannie Lee Million

(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 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 John Million

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1864

7. AGE YEARS 70 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Thomas Bean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Sarah Meadows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) John Million Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mare Lake DATE Dec 26 1934

19. UNDERTAKER (ADDRESS) E. E. Hopkins Clarence Mo

20. FILED Jany 9 1935 Roy Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Dec. 24, 1934
I last saw her alive on Dec 23, 1934 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset

131 131

Other contributory causes of importance:

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

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 A Styatt, M. D.
(Address) Clarence Mo.