

AUG 12 1935

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

Do not use this space.

22246

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph. (No. 201 No. 30th. St. St. _____ Ward _____)

File No. _____

Registered No. 804

2. FULL NAME

Fannie Lee Connett

(a) Residence, No. 201 No. 30th. St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 22 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 C.H. Connett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 4 22

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

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) St. Joseph, Mo.

13. NAME F. Claude Davis Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Market, Mo.

15. MAIDEN NAME Fannie Dean Popple

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville, Ill.

17. INFORMANT F. Claude Davis Sr.
(ADDRESS) 201 No. 30th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE July, 29, 1935

19. UNDERTAKER (ADDRESS) Walter Meischner
1302 Faraon St. St. Joseph, Mo.

20. FILED JUL 29 1935 John P. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 26, 1935, 1922. I HEREBY CERTIFY, That I attended deceased from June 6, 1935 to July 26, 1935

I last saw her alive on July 25, 1935. Death is said to have occurred on the date stated above, at 8.45 m. A.M.

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

Sarcema of uterus

Date of onset

Other contributory causes of importance:

Name of operation Hysterectomy Date of Oct 1934What test confirmed diagnosis? Microscopic 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 W. Walker
(Signed) _____, M. D.

(Address) 301 No. 8th. St. St. Joseph, 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.

WHITE PAPER, CITY OF BOSTON, THIS IS A PERM. NEW RECORD

