

337 17 1935

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

Do not use this space.

22779
File No. 324
Registered No. 324
St. _____ Ward _____

1. PLACE OF DEATH

County Green Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 2021 E. Kearney) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2021 E. Kearney Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLES, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>John F. Fenn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25, 1883</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>9</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carriage</u>		
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) <u>St. Louis, Mo</u>		
13. NAME <u>John Fenn</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>John Fenn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East Hill</u> DATE <u>7/30</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Thomas J. Fenn</u>		
20. FILED <u>7-30</u> 19 <u>35</u> <u>Ralph W. Anglin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/22 1935 to 7/28 1935. I last saw her alive on 7/28 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.. The principal cause of death and related causes of importance were as follows:
Pyonephrosis Date of onset 7/23/35

Other contributory causes of importance:
Cerebral thrombosis 7/28/35

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy 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 fall
Nature of injury fracture

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. Fenn M. D.
(Address) Springfield, 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.

