

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.

JUN 27 1936

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

Do not use this space.

29780-6

1. PLACE OF DEATH

County Jackson Registration District No. 390
Township Frank Primary Registration District No. 1222
City Kennett (No. Memorial Hospital) St. _____ Ward _____

2. FULL NAME Fannie Bell Wagon

(a) Residence, No. 814 E. 9th 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 <u>fe</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>wid</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21-1879</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>8</u>
		DAYS
		<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LEAS than a day, _____ hrs. or _____ min.
<u>Seamstress</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>Ky</u>		
MOTHER	13. NAME	<u>Thos. Mitchell</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>No record</u>
	15. MAIDEN NAME	<u>Lobitha Purnell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ky</u>
17. INFORMANT (ADDRESS)	<u>Mrs B. F. Nichols Drake Hotel</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Greenlawn</u>	DATE <u>Oct 4</u> 19 <u>35</u>
19. UNDERTAKER (ADDRESS)	<u>Mrs C. L. Foster 918 Brooklyn Kennett</u>	
20. FILED	19	<u>Kennett</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-11 1935 to 9-28 1935.
I last saw h. fe alive on 9-27 1935. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Right Emphysema.
Left Bronchopneumonia.
Date of onset 9-16-35

Other contributory causes of importance: 1070

Name of operation Rt. Mastectomy Date of 9-12-35
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) _____, M. D.
(Address) Prof. Bldg

