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.

Rohwing

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

DEC 19 1935

Do not use this space.

36729

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Township — Primary Registration District No. 3030 — Registered No. 137

City Charleston (No. , St. Ward)

2. FULL NAME Mrs. Fannie Agnes Story

(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 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

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 Albert W. Story

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1862

7. AGE YEARS 72 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION

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) Nashville Tenn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) E. A. Story Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE I.O.O.F. DATE Nov. 5 1935

19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston Mo.

20. FILED 11-5-1935 F. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 8:40 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1930, 19, to Nov 4, 1935

I last saw her alive on Nov 4, 1935. Death is said to have occurred on the date stated above, at 8:40 A.M.

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

Carcinoma of stomach (primary) — Date of onset D.K.

Other contributory causes of importance: NO

Name of operation none Date of

What test confirmed diagnosis? Xray 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) E. Clara Rohwing, M. D.

(Address) Charleston Mo

100M-11-24-33