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.

FEB 24 1936

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

Do not use this space.

2796

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township Carondelet — Primary Registration District No. 4471 — Registered No. 4
City Webster Groves (No. 444 Sherwood Drive St. Ward)

2. FULL NAME Fannie Sloan
(a) Residence, No. 444 Sherwood Drive 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles H. Sloan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-27-1840
7. AGE: YEARS 95 — MONTHS — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret.
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): Cape Girardeau Mo.

FATHER
13. NAME: Thomas H.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va Kan

MOTHER
15. MAIDEN NAME: Virginia Whitelaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. Truman Elder 444 Sherwood drive
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Valhalla Cem. DATE Jan. 29, 1936
19. UNDERTAKER (ADDRESS): Alexander & Sons 6175 Delmar Blvd
20. FILED 1-22-1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to Jan. 20, 1936
I last saw her alive on Jan. 20, 1936. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral hemorrhage	1/18/36

Other contributory causes of importance:

Name of operation: none — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none — Date of injury, 19
Where did injury occur? none (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) Frank P. Garrett, M. D.
(Address) 16 N. Gore Webster Groves Mo.