

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

Do not use this space.

22806

2727

File No. ....

Registered No. ....

St. .... Ward)

JUL 24 1936

**1. PLACE OF DEATH.**

County Jackson Registration District No. ....  
Township Jean Primary Registration District No. ....  
City Wamasaw (No. TC Gen Hosp) St. .... Ward)

**2. FULL NAME**

Fannie Cambahan  
(a) Residence, No. 3201 W. Yonning Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 53 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1881

7. AGE YEARS MONTHS DAYS (if LESS than 1 day, ..... hrs. or ..... min.)  
55 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) TC Miss

13. NAME Timothy O'Connell

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

15. MAIDEN NAME Anna Peterson

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

17. INFORMANT (ADDRESS) Reed Clerk  
TC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 6-7 1936

19. UNDERTAKER (ADDRESS) Quest & John  
204 W. Yonning

20. FILED 6-7 36 M. M. Crow, Dist  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-15 1936 to 6-3 1936

I last saw her alive on 6-3 1936 Death is said to have occurred on the date stated above, at 9:55 pm

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

Carcinoma of stomach Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? 44 Was there an autopsy? yes

23. If death was due to external cause (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?

If so, specify

(Signed) J. J. ... M. D.

(Address) TC Gen Hosp

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.

