

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

Do not use this space.

23904

1. PLACE OF DEATH - July 25 1936

County Polk
Township Wishart
City Wishart

Registration District No. 707 a
Primary Registration District No. 5-936

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME Fannie Abigail James

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>4</u>	<u>18</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Arkansas

MOTHER / 13. NAME Samuel K Richardson

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

15. MAIDEN NAME Elizabeth Harvey

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

17. INFORMANT Mrs. M. G. Sidebottom
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Viola, Mo DATE June 12, 1936

19. UNDERTAKER Hitcheson - Blue
(ADDRESS) Bolivar, Mo

20. FILED July 6, 1936 Mrs. Mattie M. Taylor
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 8, 1936
I last saw her alive on June 8, 1936 Death is said to have occurred on the date stated above, at 7:01 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Other contributory causes of importance: _____
Chorea

Name of operation _____ Date of _____
What test confirmed diagnosis? Chorea Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) D. J. James M. D.
(Address) Glennville, 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.

