

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

Do not use this space.

25275

1. PLACE OF DEATH

County Verdier
Township
City Montevideo (No. _____)

Registration District No. 873
Primary Registration District No. 4527

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

2. FULL NAME

Rewis Elmer Fanning

(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 M 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 Ethel Fanning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1859

7. AGE YEARS 74 MONTHS 11 DAYS 6
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Womans House

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) not known

13. NAME Clinton Fanning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Oliver Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs Ethel Fanning

18. BURIAL, CREMATION, OR REMOVAL Older Branch C. DATE June 18 1936

19. UNDERTAKER (ADDRESS) Ferry Funeral Home

20. FILED June 18 1936 Registrar W. M. Henderson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1936

22. I HEREBY CERTIFY That I attended deceased from June 5, 1936, to June 17, 1936.

I last saw him alive on June 8 10, 1936 Death is said

to have occurred on the date stated above, at 4 a m.

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

Myocarditis Date of onset May 18 1936

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam 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) J. H. Love, M. D.

(Address) Wavada, Mo.

