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.

DEC 30 1936

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

Do not use this space.

File No. 42265

Registered No. 258

1. PLACE OF DEATH

County: Randolph — Registration District No.: 785

Township: [illegible] — Primary Registration District No.: 8084

City: Roberly (No. ..... St. ..... Ward)

2. FULL NAME Fannie E. Barron (Fannie E. Barron)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daniel Barron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	6	11	

OCCUPATION

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

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): Randolph

FATHER

13. NAME: B.F. Maxfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Lucy Botts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: Mrs Jamie Wilkerson
(ADDRESS): 301 West Rollins Roberly

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cem Milbee DATE: Dec 1 1936

19. UNDERTAKER: Joe W Burton
(ADDRESS): Milbee Mo.

20. FILED: 11/30 1936 Virginia [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/28/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1936 to Nov 28 1936
I last saw him alive on Nov 26 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured femoral neck, Hypostatic pneumonia	

Other contributory causes of importance:

Name of operation: Cast Date of: 9/6/36
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/6/ 1936
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Fell on floor
Nature of injury: Broken femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed) M.R. Mequel, M. D.
(Address) Moberly Mo.