

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH

County Adair Registration District No. 1023 File No. 19290
 Township Clay Primary Registration District No. 5026 Registered No. 82
 City 7 (No. 5) St. _____ Ward _____

2. FULL NAME

Fannie Western
 (a) Residence, No. Willmorthville Mo 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 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 Newton E. Western
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
 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) Schuyler Co Missouri

13. NAME Hiram Yador

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Missouri

15. MAIDEN NAME Susan Pearce

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

17. INFORMANT N. E. Western (ADDRESS) Willmorthville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Harmony DATE April 9 1937

19. UNDERTAKER Dee Riley Funeral Home (ADDRESS) Willmorthville Mo

20. FILED May 14 1937 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1934, to Feb 9 1937
 I last saw h. ca alive on Feb 9 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Other contributory causes of importance:
 Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) G. H. Newbold M. D.
 (Address) Greenville, 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.

