

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

Do not use this space.

OCT 19 1937

**1. PLACE OF DEATH**County SevierRegistration District No. 272Township BentonPrimary Registration District No. 5379City Armo, Mo. R. (No. 2)File No. 34102Registered No. 138St. Mo. Ward 1**2. FULL NAME** Fannie Blair Creech(a) Residence, No. 1 St. 1 Ward 1

(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****MEDICAL CERTIFICATE OF DEATH**3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Creech6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 18857. AGE YEARS 52 MONTHS 5 DAYS 25 IF LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Kentucky13. NAME Henry Blair14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Mary Huff16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Beal Creech (ADDRESS) Armo Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Armo Cemetery DATE Sept. 14, 193719. UNDERTAKER Friends (ADDRESS)20. FILED 10-6 1937 Henry Burke Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1937I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Sept 13, 1937. I last saw her alive on month of, 19... 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:

Cancer of Throat

Date of onset

Other contributory causes of importance: 45

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) J. D. Ferguson, M. D.(Address) Armo Mo

