NOV 19 1937

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

Do not use this space.

38193

1. PLACE OF DEATH
County Maries
Township Johnson
City ..... (No. ....., ... St., ... Ward)

Registration District No. 546
Primary Registration District No. 5735

File No. .....
Registered No. .....

2. FULL NAME Wm Fannon

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Fannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-22-1844

7. AGE YEARS 93 MONTHS 2 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1-1-33
11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Tenn.

FATHER
13. NAME John Fannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Betsey Skyles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) C O Fannon Vichy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macadonia Co DATE 10-20 1937

19. UNDERTAKER (ADDRESS) W E Richlider St James Mo

20. FILED Oct 20 1937 Sam A. Warner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1937, to Oct 18, 1937
I last saw him alive on Oct 18, 1937 Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

Cardio - ~~[illegible]~~ Insufficiency
Old Age

Date of onset

Other contributory causes of importance:

Name of operation None 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? No 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) [illegible], M. D.
(Address) Vienna Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.