

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

Do not use this space.

32

1. PLACE OF DEATH

County Buchanan
 Township _____
 City St. Joseph (No. 1923 Francis Street)

Registration District No. 85
 Primary Registration District No. 1001

File No. 2126
 Registered No. 107
 St. _____ Ward _____

2. FULL NAME

Fannie Collins Littlehales *S.H.H.*

(a) Residence, No. 1923 Francis Street, St. _____ Ward Philadelphia Pa.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Thomas Littlehales

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>	<u>7</u>	<u>7</u>	<u>24</u>	

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. Own Home

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

13. NAME W.H. Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Annie Fisher

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

17. INFORMANT C.C. Burnes
 (ADDRESS) 1923 Francis Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery
St. Joseph Mo DATE Jan 28 1938

19. UNDERTAKER H.O. Sidenfaden and Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 7-27 1938 J.H. Willoughby
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5.25.36 1936 to 1.26.38 1938

I last saw h. W alive on 1.26.38 1938 Death is said to have occurred on the date stated above, at 8:15 A.M.

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

Cerebral Hemorrhage
(basilar artery)

Date of onset 1.26.38

Received
RECEIVED

Other contributory causes of importance:

FEB 21 1938

BUREAU OF VITAL STATISTICS
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1938

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.P. Ryan _____ M. D.
 (Address) St. Joseph 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.

