REC'D JUN 14 1938

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

Do not use this space.

File No. 17801
Registered No. 577

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph (No. 1505 Savannah St. Ward)
Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME Fannie May Larkins 625

(a) Residence, No. 1505 Savannah St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. 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 James Larkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1868

7. AGE
YEARS 69 MONTHS 8 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 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) Sept
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Ills

FATHER
13. NAME Thomas Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT Clarence Larkins
(ADDRESS) RFD #4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashleigh DATE May 31 1938

19. UNDERTAKER Berry-Wolfe
(ADDRESS) 218 S 10

20. FILED 5/31 1938 H. Nestlebum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938, to May 29 1938
Last saw h... alive on May 29 1938 Death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ?
A.S.C.

Other contributory causes of importance:
None

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) Lewis Bergh, M. D.
(Address) Hung Well Bldg 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.