REC'D JUN 10 1938

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

19303
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph — Registration District No. 735

(b) Township — Primary Registration District No. 3034 — Registered No. 112

(c) City Moberly — (d) Street No. 605 Fort St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kathleen Fennel 540

(a) Residence, No. 605 Fort St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fennel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28th 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as 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) Ga.

FATHER

13. NAME Harry Buchanan

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

MOTHER

15. MAIDEN NAME Ida Kilgore

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

17. INFORMANT John Fennel
(ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE June 1st, 1938

19. FUNERAL DIRECTOR (NAME) Mahan & Son
(ADDRESS) Moberly Mo

20. FILED June 1, 1938 Ethel Black
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th, 1934, to May 30th, 1938

I last saw her alive on May 30th, 1938. Death is said to have occurred on the date stated above, at 6 40 P.m.

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

	Date of onset
Cancer of the lumbar Vertebrae	
Pelvic bones.	1936
50	

Other contributory causes of importance:
Carcinoma of the breast, removed in 1935

Name of operation none 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? 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) [illegible], M. D.
(Address) Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Frank L. D'Witt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.