

RECORDED OCT 26 1938

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

33096
Do not use this space.

1. PLACE OF DEATH *N*
(a) County *BALLS.* Registration District No. *727*
(b) Township *1* Primary Registration District No. *4433*
(c) City *PERRY* (d) Street No. _____ St.
(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 *FANNIE-ELIZABETH-HOWARD* *630*
(a) Residence, No. *PERRY MISSOURI* St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FEMALE* 4. COLOR OR RACE *WHITE* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *MARRIED*
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *FRANK HOWARD*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *AUG. 29 1889*
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
56 1 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *HOUSEWIFE*
9. Industry or business in which work was done, as saw mill, bank, etc. *HOME.*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *BAYLIS*
(STATE OR COUNTRY) *ILLINOIS.*

FATHER 13. NAME *THOMAS MILLER.*

14. BIRTHPLACE (CITY OR TOWN) *ILLINOIS.*
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *MARY BUTLER.*

16. BIRTHPLACE (CITY OR TOWN) *ILLINOIS.*
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Mable Marie Wisener.*
PERRY - MO.

18. BURIAL PLACE *WOLF CEMETERY* DATE *10/6 1938*

19. FUNERAL DIRECTOR (NAME) *Clyde C. Wilbey*
(ADDRESS) *PERRY MO.*

20. FILED *10/6 1938* *Clyde C. Wilbey* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *October 4 1938*
22. I HEREBY CERTIFY, That I attended deceased from *Jan 1 1938* to *Oct 4 1938*
I last saw her alive on *Oct 4 1938* Death is said to have occurred on the date stated above, at *4:30 P.M.*
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset *unknown*

Other contributory causes of importance: *none*

Name of operation *none* Date of _____
What test confirmed diagnosis? *Phys* 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) *John Brewer*, M. D.
Perry Mo (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-38-343

Date Filed 10-8-38

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,

Olyde C. Wiley

or by

Registered Apprentice No., working under my personal supervision.

Signed Olyde C. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

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

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