LEFT NOV 21 1938

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

35626
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin 2
Registration District No. 295
(b) Township
Primary Registration District No. 4179
Registered No.
(c) City Sullivan (d) Street No. 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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
500

2. PRINT FULL NAME Robert L. Fann
(a) Residence, No. Sullivan, Mo. 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: 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 Florence Fann.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME James Fann
14. BIRTHPLACE (CITY OR TOWN) Maries Co.
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Giesler
16. BIRTHPLACE (CITY OR TOWN) Maries Co.,
(STATE OR COUNTRY) Missouri

17. INFORMANT B. L. Fann
(ADDRESS) Rolla, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boone Creek Cem DATE Nov. 8, 1938

19. FUNERAL DIRECTOR Thos. P. Shaffer
(ADDRESS) Sullivan, Mo.

20. FILED 11/7 1938 Edgar W. Taylor Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1938, to 11-6, 1938
I last saw h. alive on 11-5, 1938. Death is said to have occurred on the date stated above, at 3:40 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (left)	11/3/38
	1930

Other contributory causes of importance:
Hypertension

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) C. A. Traxler, M. D.
(Address) Sullivan 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, Edgar W. Lafloon, Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3394 or by , Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Lafloon

Licensed Embalmer No. 3394

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