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.

REC'D NOV 23 1938

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

Do not use this space.

36182

File No.
Registered No. 33

1. PLACE OF DEATH
County Lincoln
Township Hurricane
Registration District No. 486
Primary Registration District No. 5649
City (No. St. Ward)

2. FULL NAME Fanny Extra McMahill

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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 Robt. L. McMahill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-6-1867

7. AGE: Years 71 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
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.
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) Elsberry Mo

FATHER
13. NAME A. T. Spyres
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Nancy J. Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Layton McMahill (ADDRESS) Elsberry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Star Hope Cem DATE Oct 17, 1938

19. UNDERTAKER W. O. Bradley (ADDRESS) Silex, Mo.

20. FILED Nov. 10, 1938 — Etta Powell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Oct 15, 1938
I last saw her alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 12:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Name of operation 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, 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) G. H. Calloway, M. D.
(Address) Elsberry Mo.