

REC'D MAR 13 1939

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

7155

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Mason Primary Registration District No. 3019 Registered No. 80  
(c) City Harrison or Harrison (d) Street No. Revering Hospital 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 Fannie Clayton

(a) Residence, No. 311 Blvd 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-20-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 3 5

OCCUPATION 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.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) BROWN COUNTY  
(STATE OR COUNTRY) ILLFATHER 13. NAME William Piper14. BIRTHPLACE (CITY OR TOWN) ILL  
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) ILL  
(STATE OR COUNTRY)17. INFORMANT Russell Clayton  
(ADDRESS) 311 Blvd Harrison, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE MT Olivet Cem DATE 2-27-193919. FUNERAL DIRECTOR (NAME) James Adams  
(ADDRESS) Harrison, Mo20. FILED 7/28 1939 W. C. Fisher  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25th-193922. I HEREBY CERTIFY, That I attended deceased from August 10, 1938, to February 25, 1939I last saw h. alive on February 25, 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Chronic MyocarditisOther contributory causes of importance: 121Chronic Nephritis

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? \_\_\_\_\_ 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) Bernard J. Murphy, M. D.480 (Address) Harrison, Mo

K. 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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**