

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

Do not use this space.

16027

1. PLACE OF DEATH

County Ajilman
Township Sullivan
City Mexico (No.)

Registration District No. 24
Primary Registration District No. 3002

File No.
Registered No. 80 St. Ward)

2. FULL NAME Martha Bell Fisher

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George T. Fisher</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 22 1896</u>		
7. AGE <u>71</u>	YEARS <u>7</u>	MONTHS <u>25</u>
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rike Co. W. Va.

10. NAME OF FATHER Wm Yeaway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Sarah Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. W. Va.

14. INFORMANT Ernest Fisher
(Address) Mexico Mo.

15. FILED May 19th 1928 Ina S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17-1928

17. I HEREBY CERTIFY, That I attended deceased from 3-5-1928, to 5-17-1928, and that I last saw h. lv alive on 5-17-1928, and that death occurred, on the date stated above, at 6 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
93c
77 (duration) 2 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 908
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chm. Jac
(Signed) Frank Kelley, M. D.
519, 1928 (Address) Mexico, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico Mo **DATE OF BURIAL** 5-19-1928

20. UNDERTAKER HA Pecht & Son - Mexico Mo

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.

JUN 30 1928

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