

30 192

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

Do not use this space.

1944-6-1

## 1. PLACE OF DEATH

County WestRegistration District No. 903Township SmithPrimary Registration District No. 0211City William(No. 16)File No. 16Registered No. 16St. Mo Ward 16

## 2. FULL NAME

(a) Residence. No. William Fifer St. Mo Ward 16

(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

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

Edith Fifer

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

3/16-1865-

## 7. AGE

73 YEARSMONTHS 2DAYS 13If LESS than 1 day, hrs. or min.

## 8. OCCUPATION OF DECEASED

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

Farmer

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

Same

(c) Name of employer

Same

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lyndhurst Ind

## 10. NAME OF FATHER

Jeremiah Fifer

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Do not know Indiana

## 12. MAIDEN NAME OF MOTHER

Rhoda Halliday

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Do not know Indiana

PARENTS

## 14.

INFORMANT (Address)

Edith Fifer  
Grand City Mo

## 15.

FILED

7/12/28John Marcus

REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1928

## 17.

I HEREBY CERTIFY That I attended deceased from Apr 28 1928 to May 27 1928 that I last saw him alive on May 27 1928 and that death occurred, on the date stated above, at 7 A m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Emphysema associated with arterial sclerosis71A97

## CONTRIBUTORY (SECONDARY)

11.25 (duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John Anderson M. D.(Address) Grand City 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

## DATE OF BURIAL

Helshel AmMay 30 1928

## 20. UNDERTAKER

## ADDRESS

John AndersonGrand City 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.

1978-6-1

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