

JAN 28 1929

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

Do not use this space.

42260

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Near Farmington (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 174 St. Ward)

2. FULL NAME Elizabeth Fassold

(a) Residence No. Perryville St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 7 da. 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) Single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany-

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany.

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 1925 78 J. P. Roberson REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to Dec 12, 1928 that I last saw him alive on Dec. 12, 1928, and that death occurred, on the date stated above, at 6:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis (Long duration)
36 Type mitralis
39 Atherosclerosis Right Popliteal Artery
37 (duration) yrs. mos. 10 ds.
CONTRIBUTORY General Arteriosclerosis
(SECONDARY) Semantic Prose (duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Prob. at Perryville, Mo.
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

19. WAS THERE AN AUTOPSY? No
WHY? TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo. B. Fisher, M. D.

Dec 13, 1928 (Address) Farmington, Mo.
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hospital Cemetery DATE OF BURIAL 12-14 1928

20. UNDERTAKER Contract for Home ADDRESS Farmington-

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.

