

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

Do not use this space.

X

9511

File No. \_\_\_\_\_  
Registered No. 376 St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Benton  
Township White  
City Lincoln (No. \_\_\_\_\_)

Registration District No. 60  
Primary Registration District No. 5095

**2. FULL NAME**

Rosina C. Fischer

(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**

F

**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**

Ernest Fischer

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

30 June 1885

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

43

8

23

**8. OCCUPATION OF DECEASED**

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

Home keeper

(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)**

Jefferson City Mo

**10. NAME OF FATHER**

Mathias Sommerer

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

don't know Mo

**12. MAIDEN NAME OF MOTHER**

Luna Eshbaugh

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

don't know Mo

**14. INFORMANT (Address)**

Evelyn C. Fischer Lincoln Mo

**15. FILED**

Mar 27 1929 C. P. Rhodes

REGISTRAR

**20 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar 22, 1929

**17. I HEREBY CERTIFY** That I attended deceased from 3-22-1929 to 3-22-1929 that I last saw her alive on 3-22-1929 and that death occurred, on the date stated above, at 6 P.M.

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

Cardiac Hemorrhage

**CONTRIBUTORY (SECONDARY)**

Pregnant (duration) 9 yrs. 9 mos. 1 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

at home

**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_

(Signed) T. S. Stear

, 19 \_\_\_\_\_

(Address) Col Camp

\*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**

Lutheran Home of Lincoln Mo March 24, 1929

**20. UNDERTAKER**

**ADDRESS**

J. B. Albert Lincoln 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.

1929

285

14410

