

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

Do not use this space.

20303

1. PLACE OF DEATH

County Pike
Township Pine
City..... (No.....) St..... Ward.....

Registration District No. 658
Primary Registration District No. 5916

File No.....
Registered No. 11
St..... Ward.....

2. FULL NAME

Arnilda Bell Fisher

(a) Residence No. 73490 St..... Ward.....
(Usual place of abode)

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. (If nonresident give city or town and State)

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

Wife of James Fisher

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

Oct 18, 1856

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
73	8	9	

8. OCCUPATION OF DECEASED

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

Pike Co. Mo.

10. NAME OF FATHER

Oliver Cash

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

Ky.

12. MAIDEN NAME OF MOTHER

Louisa Ann Bradley

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

Pike Co. Mo.

14.

INFORMANT Stella Fisher
(Address) Frankford, Mo.

15.

FILED July 5, 1930 Mattie Urseel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1929, to June 27, 1930, that I last saw her alive on June 12, 1930, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic heart disease
95B

CONTRIBUTORY (SECONDARY)

90B

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) W. H. Bridges, M. D.

1930 (Address) Frankford, 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

Frankford Mo

DATE OF BURIAL

June 29, 1930

20. UNDERTAKER

E. A. Fields

ADDRESS

Frankford 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.

JUL 24 1930

MAR 20 1942