

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

Do not use this space.

38678

PLACE OF DEATH

County Benton Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 232

2. FULL NAME

Clara M^e Elhose Fisher
(a) Residence. No. 445 N. Main 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. C. Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>11</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Toronto
(STATE OR COUNTRY) Ont.

PARENTS	10. NAME OF FATHER <u>Ritner M^e Elhose</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Pa.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY)

14. INFORMANT Hannah Fisher
(Address) Poplar Bluff.

15. FILED Dec 10 1930 Clara
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-1 1930 to Dec 4 1930, and that I last saw him alive on Dec 3 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
duration yrs. mos. ds. _____
CONTRIBUTOR (SECONDARY) 7401
(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) J. M. Hunsicker, M. D.
12-9, 1930 (Address) Poplar Bluff 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 <u>City</u>	DATE OF BURIAL <u>12-6 1930</u>
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20. UNDERTAKER <u>Frank Wood Co Poplar Bluff</u>	ADDRESS
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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEPT. 61 APP

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