

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

Do not use this space.

407

PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 5153

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

2. FULL NAME Pearlie Belle Custard Fisher

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harley Fisher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1903</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>11</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>259</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 16, 1931</u>	11. Total time (years) spent in this occupation <u>D.K.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>J. J. Custard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Clara Derr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Clarence Custard Fulton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hellert</u> DATE <u>Jan. 18, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Lea L. Wallace Fulton, Mo</u>		
20. FILE <u>Jan. 17, 1931</u> <u>R. N. Crews</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1931

22. I HEREBY CERTIFY, viewed dead That I attended deceased from body 10 1-16- 1931

I last saw alive on _____ 19____ Death is said to have occurred on the date stated above, at 12 1/2 a.m.

The principal cause of death and related causes of importance were as follows:
Gunshot wounds (2) head Date of onset _____
Incised wounds neck (2)
tearing right carotid artery

Other contributory causes of importance:
193 11/3

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury _____, 19____
Where did injury occur? Fulton Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway

Manner of injury Acc = 29 (5)
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. A. Hall, M. D.
Address Callaway Co. Fulton, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 18 1931

V. S. No. 2.

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