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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 8828

Township — Primary Registration District No. 1001 — Registered No. 256

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Edith Ellen Fothergill,

(a) Residence. No. (Usual place of abode) St., Ward. Rosendale, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	25	9	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home, 12

(b) General nature of industry, business, or establishment in which employed (or employer) 12

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rosendale, (STATE OR COUNTRY) Missouri, 1

PARENTS

10. NAME OF FATHER John Gundon Fothergill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittsfield, (STATE OR COUNTRY) Illinois, 3

12. MAIDEN NAME OF MOTHER Alice Pettijohn,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rosendale, (STATE OR COUNTRY) Missouri, 1

14. INFORMANT John G. Fothergill (Address) Rosendale, Missouri,

15. FILED 9 19 31 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931, to Mar 9-31, 1931, that I last saw her alive on Mar 9, 1931, and that death occurred, on the date stated above, at 3:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis - Subacute appendicitis (cholecystitis - subacute appendicitis.)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Septic Cerebritis (Peritonitis)

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Rosendale Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 5-31

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. F. Schmid, M. D.

Mar 9, 1931 (Address) St Joseph 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	DATE OF BURIAL
Savannah, Mo. via auto	Mch. 11, 1931
20. UNDERTAKER	**ADDRESS**
Heaton-McGale & Bowman Funeral Home	319 S. 10th. St

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.