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

Do not use this space.

9359

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township Merriman — Primary Registration District No. 5-347 — Registered No. 18

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Laura Fisher

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65		~~65~~ 4	~~5~~ 29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER James Bryan

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

12. MAIDEN NAME OF MOTHER Margaret Wooldrige

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

14. INFORMANT Mrs Chas Wofford
(Address) Turtle Mo.

15. FILED 3/31, 1931 H. E. Rudd, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/30 1931

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1930, to Mar 26, 1931 that I last saw her alive on Mar 26, 1931, and that death occurred, on the date stated above, at 10:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Lloyd H. Hunt, M. D.
3/31, 1931 (Address) Salem, 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
Miner Cemetary	3/31 1931
20. UNDERTAKER	**ADDRESS**
Carl K Spencer	Salem 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.

APR 21 1931

...UNFADING INK—THIS IS A PERMANENT RECORD