

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

Do not use this space.

1950

**1. PLACE OF DEATH**

76 County Bagg Registration District No. 640  
Township Maple Primary Registration District No. 2849  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2

**2. FULL NAME**

Betty Johnson Laughlin Fisher  
(a) Residence, No. Linn, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 WIFE OF Chris Fisher  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 - 1893  
7. AGE YEARS 58 MONTHS 7 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Mo.

FATHER 13. NAME William Laughlin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Mo.

MOTHER 15. MAIDEN NAME Lydia Mahon  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Sullivan Mahon

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Burial DATE Jan 15 1950

19. UNDERTAKER (ADDRESS) none

20. FILED 1-15 1950 Mrs Dora Jett Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1950  
22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1950 to Jan 15 1950  
I last saw her alive on Jan 14 1950 Death is said to have occurred on the date stated above, at 10:45 AM  
The principal cause of death and related causes of importance were as follows:  
Coronary myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: 930  
930  
930  
930  
930  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Thompson W. Cook M. D.  
(Address) Linn 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.

FEB 25 1950

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

