

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.

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

Do not use this space.

16785

1. PLACE OF DEATH

64 County Marion
Township Marion
City Hannibal (No. X)

Registration District No. 547
Primary Registration District No. 3429
Evans

File No. _____
Registered No. 158
St. _____ Ward _____

2. FULL NAME Annie Fysh

(a) Residence, No. Evans 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Fysh</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11, 1852</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>2</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u> <u>1861</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1941</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <u>72</u>			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Athens Co. Ohio

FATHER 13. NAME Henry Koker

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 218
Not known

MOTHER 15. MAIDEN NAME Malinda Bodell

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
Not known

17. INFORMANT Mrs. Thos. Doolan, 6 Daughter
(ADDRESS) Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Akers Chapel, Ill May 28, 32

19. UNDERTAKER Shelby Smith
(ADDRESS) Hannibal, Missouri

20. FILED May 27, 1932
Causers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 32, to May 25, 1932

I last saw her alive on May 25, 1932 Death is said to have occurred on the date stated above, at 4:52 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of Hip Date of onset _____
Hypostatic Pneumonia
(Fall and fractured femur)
Other contributory causes of importance:
Endocarditis
General Arteriosclerosis 19

Name of operation 186 C 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 Home

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) W. P. Causers M. D.
(Address) Hannibal Mo

JUN 25 1932

