

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

Do not use this space.

27986

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... **St. Louis Mo. St. Anthony Hospital** File No.
 St. Ward) Registered No. **7869**

2. FULL NAME

(a) Residence, No. **4412** **Sibley** St., **18** Ward.

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert L. Fisdale**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 11th 1870**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67, 1, 17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at Home**
 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) **Shawnee Mo.**

FATHER

13. NAME **Don't Know**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" " " 31**

MOTHER

15. MAIDEN NAME **" "**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" "**

17. INFORMANT (ADDRESS) **R. Fisdale 3642 Arkansas**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Cape Girardeau Mo. Aug. 30th 1932**

19. UNDERTAKER (ADDRESS) **Hankot Schlicht 3732 S. Grand Blvd.**

20. FILED **Aug 29 1932** **May Estabrook** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 28th 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 27**, 1932, to **Aug 28**, 1932
 I last saw her alive on **Aug 25**, 1932. Death is said to have occurred on the date stated above, at **12 p.m.**
 The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction Date of onset

Other contributory causes of importance: **①**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **yes**

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) **Reagan A. Carroll**, M. D.
 (Address) **2504 N. 14th**

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No.....)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *7869*
St..... Ward.....

2. FULL NAME

Anna Lisdale

(a) Residence, No..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*wid*)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 28, 1932*

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the..... at..... m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Acute Tubercular Obstruction due to Adhesions from a former Operation of the Appendixitis Information given over Phone by Dr. Geo. A. Carroll
Other contributory causes of importance: *Div. of R.S. 10-26-32*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

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

If so, specify.....

(Signed)....., M. D.

20. FILED

19..... *Max C. Barker*
Registrar

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-27986