EB 23 1933

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.

File No. 177

Registered No. 3

Registration District No. 59

Primary Registration District No. 4094

8 1 6

1. PLACE OF DEATH

County: Benton

Township: Williams

City: Cole Camp (No. ..., ... St. ..... Ward)

2. FULL NAME: Mrs Ida Fife

(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

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. D. Fife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-14-1896

7. AGE: 36 YEARS 8 MONTHS 14 DAYS. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Claus Haase

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

MOTHER

15. MAIDEN NAME: Wilshusen

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

17. INFORMANT (ADDRESS): C D Fife Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cole Camp Cem. DATE: 1-8-1933, 19

19. UNDERTAKER (ADDRESS): E. L. Eickhoff

20. FILED: Feb 1, 1933 Harry Gay, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-6-1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1933 to 1-6-1933, 19

I last saw her alive on 1-6-1933, 19. Death is said to have occurred on the date stated above, at 3:14 AM

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

	Date of onset
Pellagra	
60	

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) N. S. Peden, M. D.

(Address) Cole Camp, Mo