

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

Do not use this space.

964

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. 1406 E. Division) St. _____ Ward _____

2. FULL NAME

1446 - E. Division Sueley Fisher
 (a) Residence, No. Sally Fisher St. 1406 W. E. Division
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 30 - 1857

7. AGE YEARS 75 MONTHS 11 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Greene County Mo.

13. NAME Carey Looney

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

15. MAIDEN NAME Mary Hunter

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

17. INFORMANT George Fisher
(ADDRESS) 1406 - E - Division

18. BURIAL, CREMATION, OR REMOVAL PLACE Manly DATE Jan - 3 - 1933

19. UNDERTAKER H. V. Smith
(ADDRESS) 701 - E - 3rd

20. FILED 1 - 3 1933 Ralph W. Langston
Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932, to Jan. 1st, 1933

I last saw her alive on Dec. 31st, 1932 Death is said

to have occurred on the date stated above, at 2 p.m.

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

Chronic myocarditis Date of onset _____

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Other contributory causes of importance: arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? clinical 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? No

If so, specify _____ (Signed) Dr. E. Hunter, M. D.

(Address) 320 E. South Ave

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.

FEB 27 1933
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M. Hunter

