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.

1211

1. PLACE OF DEATH

47 County Iron — Registration District No. — File No.

Township Union — Primary Registration District No. — Registered No. 4

City Annapolis (No. ..... St. ..... Ward)

2. FULL NAME William Risher

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 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 Bertha Risher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 - 1870

7. AGE — YEARS 62 — MONTHS 9 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No.

10. Date deceased last worked at this occupation (month and year) June 33 — 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER

13. NAME Daniel Risher

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

MOTHER

15. MAIDEN NAME Nob Knowon

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

17. INFORMANT (ADDRESS) Bertha Risher Annapolis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Annapolis Mo. DATE June 28, 1933

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED 3/10, 1933 B. C. Hunter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

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

Natural Causes

200 lb

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? None (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 No

(Signed) Robert Kelsey Coroner, M.D.

(Address) [illegible] Mo.