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

Do not use this space.

File No. 23465

Registered No.

1. PLACE OF DEATH
County: Jasper
Township: Marion
City: Carthage - Route 4, St. Ward)
Registration District No. 408
Primary Registration District No. 5562

2. FULL NAME: Catherine Fiddler
(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 20 1933

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anthony Fiddler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 8, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	86	3	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Linn County
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Geo. H. Jackett
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Catherine —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs J. H. Adams
(Address): Route 4 - Carthage, Mo

15. FILED July 22, 1933 J. B. Shinton REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 20 1933

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 20, 1933, that I last saw h. alive on July 18, 1933, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
due to senile changes
162
92 D (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. V. Webster, M. D.
July 21, 1933 (Address) Carthage Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Cemetery
DATE OF BURIAL: July 22 1933
20. UNDERTAKER: Kneel Mortuary
ADDRESS: Carthage Mo

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.

WRITE PLAINLY, WITH INDELIBLE INK. SPACING INSIDE THIS IS APPROPRIATE FOR PERMANENT RECORD