

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Antonia
City (No.)

Registration District No. 372
Primary Registration District No. 5518

File No. 42753
Registered No. 805
St. Ward (.....)

2. FULL NAME

(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 Single
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 1

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

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) Holt Co. Mo.

13. NAME Harold Fisher

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

15. MAIDEN NAME Katherine Moody

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion City Mo.

17. INFORMANT Harold Fisher (ADDRESS) Marion City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Wolfe DATE 12/16 34

19. UNDERTAKER Wm. Campbell (ADDRESS) Marion City Mo.

20. FILED See file 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Dec 14 34

I last saw her alive on Dec 14 1934 Death is said to have occurred on the date stated above, at 11 P. m.

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

Bronchopneumonia Date of onset 12-9-34
Flu not 213
Other contributory causes of importance: None

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? no
If so, specify F. B. Hagan

(Signed) Wm. Wolfe (Address) Marion City Mo. M. D.

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.

