

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.

FEB 27 1935

2296

1. PLACE OF DEATH

County Orange Registration District No. 975
Township Washington Primary Registration District No. 6851-13
City (No. _____) St. _____ Ward _____

2. FULL NAME

Eleonor Christina Fick

(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) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 1/2 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Rehfsauntan Mo

13. NAME Eleonor Christina Fick

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

15. MAIDEN NAME Christine Reinshemeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

17. INFORMANT Mother (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Rehfsauntan DATE Jan 26 1935

19. UNDERTAKER Norman Fick (ADDRESS) _____

20. FILED Jan 26, 1935 Norman Fick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935, to Jan 26 1935

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Stasis lymphaticus Date of onset _____

Other contributory causes of importance: 69

Name of operation none 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 _____ (Signed) Dean A. Taylor M. D.

(Address) Jefferson City, Mo.

