

WHITE 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.

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

Do not use this space.

APR 7 1935

8295

1. PLACE OF DEATH

14 County Callaway
2 Township Fulton
7 City Fulton (No. St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 78

2. FULL NAME

Julia J. Fifer

(a) Residence, No. State Hosp No 1, Fulton St. Mo. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 7 mos. 1 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-'59

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 3

OCCUPATION 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) Macon, Mo

MOTHER 13. NAME Ferdinand Fifer

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

15. MAIDEN NAME Haney

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

17. INFORMANT (ADDRESS) Stapo. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS) Spang Funeral Home
Moberly Mo

20. FILED Mar 30 1935 R. N. Crew Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1934, to Mar 29th, 1935
I last saw her alive on March 29th, 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Pneumo-pneumonia Date of onset 3/26

930

Other contributory causes of importance:
Chronic myocarditis

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? Yes

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?

If so, specify
(Signed) Thos A. Hopkins, M. D.
(Address) State Hosp No 1

Fulton Mo

Dr. C. C. C. C.

1265 N