

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

Do not use this space.

AUG 19 1935

23684

1. PLACE OF DEATH  
 County Marion Registration District No. 5-31  
 Township Russell Primary Registration District No. 3-718  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Eveline Fisher  
 (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 55 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Wm H Fisher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1859  
 7. AGE YEARS 76 MONTHS 5 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Texas

13. NAME Wm A Malloy

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

15. MAIDEN NAME Nancy Letitia Malloy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Earl N Fisher  
 (ADDRESS) Brookfield mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lion Ounce DATE July 21 - 1935

19. UNDERTAKER Las M. Haley Klein  
 (ADDRESS) Marion Mo

20. FILED July 21 1935 J. G. Sheetz  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1935  
 22. I HEREBY CERTIFY That I attended deceased from 7-16 1935, to 7-20 1935  
 I last saw him alive on 7/16 1935 Death is said to have occurred on the date stated above, at 10:10 a.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset 2da  
Acute Myocarditis  
 Other contributory causes of importance: Shr. Intestinal Nephritis 370

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis St. 10 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) J. M. Kelly M. D.  
 (Address) Brookfield, 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 PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

