

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

Do not use this space.

**JUN 22 1936**

11510-a

**1. PLACE OF DEATH**

County Macon Registration District No. 532  
Township Middle Fork Primary Registration District No. 5719  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 97

**2. FULL NAME**

Mary Katherine Fifler  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1858  
7. AGE YEARS 78 MONTHS 2 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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  
13. NAME Daniel Patton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Margaret Peeler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
17. INFORMANT H K Fifler (ADDRESS) \_\_\_\_\_  
18. BURIAL, CREMATION, OR REMOVAL PLACE Madville Cem DATE Mar 30 1936  
19. UNDERTAKER Edw S Keenan (ADDRESS) Macon Mo  
20. FILED June 10 1936 Gela King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1936  
22. I HEREBY CERTIFY, That I attended deceased from Mar 1927, to Mar 1929  
I last saw her alive on Mar 29 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
gla  
Date of onset Mar 29 1936  
Other contributory causes of importance: hypertension (1920)

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify D. H. Hagan  
(Signed) \_\_\_\_\_, M. D.  
(Address) Clause 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 UNFADING INK—THIS IS A PERMANENT RECORD

