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.

MAY 14 1936

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

Do not use this space.
Dr Duffey
14900

1. PLACE OF DEATH
County Grundy — Registration District No. 328 — File No.
Township — Primary Registration District No. 3017 — Registered No.
City Trenton (No. , St. Ward)

2. FULL NAME Anna Albertine Fischer
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B Fis.cher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/12/1874

7. AGE: YEARS 61 — MONTHS 11 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hpusewiffe
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): Germany

FATHER
13. NAME: Henry Stutzle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Frieda Wirt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): B. Fischer Trenton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cem. DATE 4/25/36, 19

19. UNDERTAKER (ADDRESS): Gipson's Mortuary

20. FILED 4-25, 1936 Irene D Faw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 23 Apr, 1936 to 23 Apr, 1936
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.30pm
The principal cause of death and related causes of importance were as follows:

Died suddenly from organic Heart Disease
Dead when Dr. arrived
95 b 2

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? History 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?
If so, specify
(Signed) E. A. Duffy, M. D.
(Address) Trenton Mo