

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

AUG 22 1936

Do not use this space.

27293

1. PLACE OF DEATH

County *Macon*
 Township *Cape*
 City (No.) St. Ward

Registration District No. *533*
 Primary Registration District No. *5714*

File No.
 Registered No. *83* St. Ward

2. FULL NAME

(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 <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>M</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joe Link</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 27 - 1865</i>				
7. AGE	YEARS <i>71</i>	MONTHS <i>3</i>	DAYS <i>2</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>			
	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) <i>Indiana</i>				
MOTHER	13. NAME <i>Lewis Fishbaugh</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>			
	15. MAIDEN NAME <i>Sarah Heavilin</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>			
17. INFORMANT <i>Mrs. C. C. Keeling</i> (ADDRESS) <i>Macon</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Woodlawn Cemetery</i> DATE <i>July 30</i> 19 <i>36</i>				
19. UNDERTAKER <i>Albert Skinner</i> (ADDRESS) <i>Macon, Mo.</i>				
20. FILED <i>8/8</i> 1936 <i>Beato Newton</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *July 7* 19*36* to *July 29* 19*36*
 I last saw her alive on *July 10* 19*36* Death is said to have occurred on the date stated above, at *8:5 a. m.*
 The principal cause of death and related causes of importance were as follows:

Paralytic Apoplexy
10/7/31
 Date of onset *200 mos yrs*

Other contributory causes of importance:
Broncho-Pneumonia
7-1-36

Name of operation..... 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) *M. G. ...*
 (Address) *Macon, 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.

