

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.

OCT 20 1936

83658

1. PLACE OF DEATH

County *Boone*

Registration District No. *76*

File No. *30*

Township *Curran*

Primary Registration District No. *3116*

Registered No. ....

City .....

(No. ....)

St. ....

Ward .....

2. FULL NAME

*Mittie Lee Fountain*

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 7th 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *69 4 14*

8. Trade, profession, or particular kind of work done, as *occupation Blind* sawyer, bookkeeper, etc.

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) *Boone Co, Mo.*

13. NAME *Joseph Fountain*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co Mo*

15. MAIDEN NAME *Joyce Russell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co Mo*

17. INFORMANT (ADDRESS) *Doris Fountain*

18. BURIAL, CREMATION, OR REMOVAL *Fountain Cem* DATE *Sept 25 1936*

19. UNDERTAKER (ADDRESS) *Central M. McDonald*

20. FILED *9/25 1936 E. N. Fidyment*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 24th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1934* to *Sept 24 1936*

I last saw h. .... alive on ..... 19 ..... Death is said

to have occurred on the date stated above, at *7:15 p.m.*

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

*Cerebral Hemorrhage. Hypertension 10 yrs. History Myo. Constrictio*

Other contributory causes of importance: *old*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) *Frank W. Burdison*, M. D.  
(Address) *Central Mo.*

George Washington University

Washington, D.C.