

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

Do not use this space.

NOV 22 1936

37165

1. PLACE OF DEATH

County Cole
Township Tyngden
City 2 (No. 2 Ward 2)

Registration District No. 214
Primary Registration District No. 5294

File No. 37165
Registered No. 18

2. FULL NAME

Dee Lee Anna Fischer
(a) Residence, No. Johnson, Mo. 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) Jan. 21, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 8 23

8. Trade, profession, or particular kind of work done, as splaner, 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) Lutman, MO
Cole County

13. NAME Sus Fischer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutman, Mo

15. MAIDEN NAME Emma Timmerbath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutman, Mo

17. INFORMANT Sus Fischer
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutman, Mo DATE 10-16-1936

19. UNDERTAKER F. Hugo & Co. Schubert
(ADDRESS)

20. FILED Oct. 14 1936 Miss. Mahel Backner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1936, to Oct. 14, 1936.

I last saw her alive on Oct. 13, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Broncho-Pneumonia

Other contributory causes of importance:

Glucy

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) A. Glenn Davis, M. D.
(Address) Russellville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

