

MAR 24 1937

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

Do not use this space.

7570

1. PLACE OF DEATH

County Pemiscot
Township Pemiscot
City Pascala (No. St. Ward)

Registration District No. 1102
Primary Registration District No. 75870

File No.
Registered No.

2. FULL NAME Norma Gene Fisher

(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. / da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1937 to Feb 19 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1937

I last saw her alive on Feb 19 1937. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 1

to have occurred on the date stated above, at 6:10 p.m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

Dystocia

Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pascala mo

MOTHER FATHER 13. NAME Earnest Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi mo

15. MAIDEN NAME Mildred Holland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saltville Tenn.

17. INFORMANT Earnest Fisher (ADDRESS) Pascala mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ingles Ridge DATE 2-20 1937

19. UNDERTAKER Ray and Co. (ADDRESS) North mo

20. FILED 34 1937 Mrs D.R. Cole Registrar.

Name of operation Date of
What test confirmed diagnosis? S.T.S. 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) Asst. Surgeon M. D.

(Address) North mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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