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.

File No. 3177

Registered No. 4

1. PLACE OF DEATH

County: Jefferson — Registration District No. 421

Township: — Primary Registration District No. 55152

City: Crystal City, Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Julia E. Fisher 260

(a) Residence, No. 110 Walnut St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	6	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own

10. Date deceased last worked at this occupation (month and year) Jan. 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City, Mo.

FATHER

13. NAME John R. Oldham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Albany Indiana

MOTHER

15. MAIDEN NAME Virgin Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Missouri

17. INFORMANT Paul Fisher (ADDRESS) Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo DATE Jan. 11th 1938

19. UNDERTAKER Gentry R. Collette (ADDRESS) Crystal City Mo.

20. FILED 1/12 1938 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1937, to Jan. 8, 1938, I last saw her alive on Jan. 8, 1938. Death is said to have occurred on the date stated above, at 11:10 A.m.

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

	Date of onset
Cardiac decompensation	1931
ASB	
Other contributory causes of importance:	
Onset of heart trouble following Influenza	1931

Name of operation — Date of —

What test confirmed diagnosis? — 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) R. H. Darnell, M. D.

(Address) Crystal City, Mo.

RECEIVED
FEB 25 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH