

MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
37 County Wasson Registration District No. 306 File No. 6706
Township Wasson Primary Registration District No. 5422 Registered No. 10
City _____ No. _____ St. _____ Ward _____

2. FULL NAME Not Named - Premature birth, 960
(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 N. Unknown 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1938

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

8. Trade, profession, or particular kind of work done, as spinner, 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) Rosebud, Mo.

13. NAME Peter P. Fisher

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

15. MAIDEN NAME Lola Estella Hester

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

17. INFORMANT (ADDRESS) Pete P. Fisher, Rosebud, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Not buried DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3-1 1938 J. J. Ferrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from no physicians attended her, 1938
I last saw her alive on _____, 1938. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Premature birth
Date of onset _____

Other contributory causes of importance: _____

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 _____, 1938
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) J. J. Ferrell, M. D.
(Address) Orensville, 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.

