

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

**11363**  
 Do not use this space.

DEC 0 APR 21 1938

1. PLACE OF DEATH  
 (a) County Livingston Registration District No. 558  
 (b) Township..... Primary Registration District No. 3026 Registered No. 206  
 (c) City Chillicothe (d) Street No. 21 Jackson St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Fiske 200  
 (a) Residence, No. 21 Jackson St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	94	6	18	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Sparta  
 (STATE OR COUNTRY) Tennessee

FATHER 13. NAME M. C. Dibrell  
 14. BIRTHPLACE (CITY OR TOWN) Sparta  
 (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Elizabeth Eastland  
 16. BIRTHPLACE (CITY OR TOWN) White County  
 (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. Mary S. Bingham  
Mooresville, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mooresville DATE 3-17 '38

19. FUNERAL DIRECTOR (ADDRESS) F. B. Norman  
Chillicothe, Missouri

20. FILED March 16, 1938 Joseph M. Newell, M.D.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1936 to Mar 15, 1938  
 I last saw him alive on Mar 14, 1938. Death is said to have occurred on the date stated above, at 6:15am.  
 The principal cause of death and related causes of importance were as follows:

Fracture of left hip. (neck of) femur.  
 Date of onset 7/25/36

Other contributory causes of importance: 1560

Name of operation none Date of.....  
 What test confirmed diagnosis Chemical 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) J. H. Carpenter, M. D.  
 (Address) Chillicothe, Mo

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R

**STATEMENT BY LICENSED EMBALMER**

I, F. B. Norman, Licensed Embalmer No. 1404

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No. .... or by Elton F. Norman, Registered Apprentice No. 79  
working under my personal supervision.

Signed F. B. Norman

Licensed Embalmer No. 1404

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11363 7  
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City Chillicothe (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary E. Finke  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... 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: Fracture of left hip next to femur (Date of onset)

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 94 6 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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: 1860

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19...

Name of operation Clamial 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? Accident Date of injury 7/26 1936 Where did injury occur? In home, Chillicothe, Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall on floor Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased? If so, specify G. W. Carpenter (Signed) Chillicothe Mo (Address) M. D.

Local Registrar.

SUPPLEMENTARY

should state... RESCRIPT... EX. CIVIL. PPV... REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE... CAUSE OF DEATH in plain terms, so that it may be properly classified. EX. 11. 11. Every item of information should be carefully supplied. AGE should be... at 11. Every item of information should be carefully supplied. AGE should be... CAUSE OF DEATH in plain terms, so that it may be properly classified. EX. 11. 11. Every item of information should be carefully supplied. AGE should be...

