

REC'D MAY 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County ColeTownship JeffersonCity JeffersonRegistration District No. 213Primary Registration District No. 3014(No. St. Marys Hosp)File No. 14411Registered No. 114

St. _____

Ward _____

2. FULL NAME Katherine Fischer 250(a) Residence, No. Russellville, Mo. 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.

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)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --- Andrew Fischer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15th, 1868

7. AGE

YEARS

69

MONTHS

4

DAYS

21

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

House Wife

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)

Indiana,

MOTHER FATHER

13. NAME

Michael Hoffmocker

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

Germany

15. MAIDEN NAME

No Record

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

No Record17. INFORMANT E. G. C. Raithel
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lohman Luthern Cem. DATE Apr. 8th, 1938,19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville Mo.20. FILED 4/7/38 St. Marys Hosp 111
1938 111

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6th, 1938 . 193822. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1938, to Apr 6, 1938.I last saw him alive on Apr 5, 1938. Death is saidto have occurred on the date stated above, at 2 A.M.

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

Date of onset

Erysipelas 59.

Other contributory causes of importance:

Diabetes MellitusName of operation None 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 _____, 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? No

If so, specify _____

(Signed) Supervisor(Address) Jefferson City, Mo

M. D.

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.

