

DEC'D JUL 11 1938

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

21304

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township _____ Primary Registration District No. 3006 Registered No. 139
(c) City Columbia (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

(a) Residence, No. 608 Park 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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-3-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 6 8

OCCUPATION 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. Cook
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo13. NAME Robert Knowles14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo15. MAIDEN NAME Annies Knowles16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo17. INFORMANT Lucille Merritt
(ADDRESS) 608 Park Ave Columbia18. BURIAL, CREMATION, OR REMOVAL PLACE Cabany 6-15 193819. FUNERAL DIRECTOR A. C. Freeman
(ADDRESS) Columbia Mo20. FILED 6/15/38 Allie Selby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-8-38, 1938, to 6-11-38, 1938.
I last saw her alive on 6-10-38, 1938. Death is said to have occurred on the date stated above, at 1:45 P.M. 1:45
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis & valvular disease with degeneration
Date of onset Unknown

Other contributory causes of importance: HTN
Hypertension & arteriosclerosis
Date of onset Unknown

Name of operation None Date of _____
What test confirmed diagnosis Blood pressure 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) Frank E. DeGarcia M. D.
(Address) Columbia, Mo

JUL 9 1947

STATEMENT BY LICENSED EMBALMER

I, A. C. Freeman, Licensed Embalmer No. 2837

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

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.)