

1898 NOV 5 1938

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

Do not use this space.

35649

1. PLACE OF DEATH

County Coconade Registration District No. 30
Township Conson Primary Registration District No. _____
City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1865

7. AGE YEARS 73 MONTHS 1 DAYS 12 IF LESS than 1 day, hrs. or min.

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

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) Przaha (STATE OR COUNTRY) Bahemia

13. NAME Anthony Fisher

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

15. MAIDEN NAME Rose Borota

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

17. INFORMANT (ADDRESS) Martin Fisher

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 10-9

19. UNDERTAKER (ADDRESS) W. J. Hollander

20. FILED 10/10/38 J. J. Kersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-38

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1936 to 10-7 1938

That saw him alive on 9-30 1938 Death is said to have occurred on the date stated above, at 3:45 p. m.

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

Chronic Myocarditis Terminal

Other contributory causes of importance: _____

Name of operation None 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) J. J. Kersell, M. D.

(Address) Sanford, 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.

