

REC'D FEB 6 1939

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

1572
Do not use this space.

1. PLACE OF DEATH *Boone* ⁷
 (a) County *Boone* Registration District No. *73*
 (b) Township *Columbia* Primary Registration District No. *30.06* Registered No. *7*
 (c) City *Columbia* (d) Street No. _____
 (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 *260 NAOMI ELLEN FISHER*
 (a) Residence, No. *603 N. 6th* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clarence Fisher*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 15 - 1882*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 11 29
 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. *House wife*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) *Boone County, Missouri* (STATE OR COUNTRY) _____
 FATHER 13. NAME *Isaac Rousse* 14. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME *Alice Chick* 16. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY) _____
 17. INFORMANT *Anna Dimeo* (ADDRESS) *Columbia, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Shaw, Mo.* DATE *1-16-39*
 19. FUNERAL DIRECTOR *W. H. Underwies - Parters* (ADDRESS) *Columbia, Mo.*
 20. FILED *1/16/39* *Allie Selby* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 14 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan. 2*, 1939, to *Jan. 14*, 1939.
 I last saw her alive on *Jan. 14*, 1939. Death is said to have occurred on the date stated above, at *9:00 P.M.*
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
Rt. lower middle lobe Jan. 10th
 Other contributory causes of importance:
Pelvic abscess from Dec?
perforation of rectum
Enterovisceral fistula
 Name of operation *no* Date of _____
 What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*
 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) *James M. Baker*, M. D.
 (Address) *Columbia, 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.

10
3
4

STATEMENT BY LICENSED EMBALMER

I, W. H. Vandewater, Licensed Embalmer No. 2494.

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 W. H. Vandewater

Licensed Embalmer No. 2494

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.)