

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D FEB 27 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Peno
City Frankford

2

Registration District No. 688

Primary Registration District No. 5916

File No. 3540

Registered No. 2

St. _____ Ward _____

2. FULL NAME Mary Elizabeth Fisher

(a) Residence, No. Frankford Missouri 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. 68 mos. 6 ds. 12 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-26-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 6 12

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

13. NAME Frederick Waldschlager

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

15. MAIDEN NAME Nancy Mefford

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

17. INFORMANT (ADDRESS) Mrs. Lily Rodgers
Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford DATE Jan-9 19 39

19. UNDERTAKER (ADDRESS) Fields & Son
Frankford Missouri

20. FILED Jan-14 1939 Matthie Urseel
Registrar. 619

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938 to Jan 7, 1939
I last saw him alive on Dec 21, 1938 Death is said to have occurred on the date stated above, at 2 a m.

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

Cerebral Hemorrhage
g r h l

Date of onset

Other contributory causes of importance:

Name of operation _____ 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) A. J. Waters M. D.
(Address) New London Mo

Mrs. Lily Rodgers
Hannibal Mo

RECEIVED

District Health Officer No. 10

District File Number 10-32-100

Date Filed FEB 14 1939

ad m. 5/

1-10