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.

56

REC'D MAR 20 1939

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

7054
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis — Registration District No. 477
(b) Township Dickerson — Primary Registration District No. 5646 — Registered No. 8
(c) City Lewistown — (d) Street No. Lewistown, Missouri 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 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 140 Eliza Jane Fible
(a) Residence, No. Lewistown, Missouri 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: 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: John H. Fible
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28, 1857
7. AGE: YEARS 81 — MONTHS 8 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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): Lewis County, Missouri

FATHER
13. NAME: John Ewalt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County, Missouri

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known.

17. INFORMANT (ADDRESS): Joseph H. Fible, Hannibal, Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Hope Cemetery DATE: February 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ray P. Schwartz, Hannibal, Missouri
20. FILED: Feb 3, 1939 H. W. Harris M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1939, to Feb 2, 1939
I last saw her alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:
Lobular Pneumonia — Date of onset: Jan 30
107 A
Other contributory causes of importance: Senility
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) Harry L. McCracken M.D.
(Address) Lewistown, Mo.
436

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-315
Date Filed MAR 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Ray P. Schwartz, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.