

WRITE PLAINLY, WITH UNLOADING 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.

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

10747
Do not use this space.

REC'D APR 15 1939

1. PLACE OF DEATH

(a) County Franklin Registration District No. 1104
(b) Township Boone Primary Registration District No. 5415 Registered No. 5
(c) City..... (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

Alma Ella Fiske
(a) Residence, No..... 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) Single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 7 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Work
9. Industry or business in which work was done, as saw mill, bank, etc. X X
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald Mo.

13. NAME G. B. Fiske

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald Mo.

15. MAIDEN NAME Jada Gervin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.

17. INFORMANT (ADDRESS) Walter P. Fiske
Gerald res.

18. BURIAL, CREMATION, OR REMOVAL PLACE Schmidt Cemetery DATE 3-25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Gray
Gerald Mo.

20. FILED 3-23, 1939 Charles A. Schmidt
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1937, to 3-22, 1939
I last saw h. c. y. alive on 3-22, 1939. Death is said to have occurred on the date stated above, at 10:36 P.M.
The principal cause of death and related causes of importance were as follows:

Bacterial Endocarditis
Date of onset unknown

Other contributory causes of importance:
Acute Rheumatic fever as a chief. C. Rheumatoid Heart disease

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) Charles A. Schmidt, M. D.
(Address) Gerald Mo.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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