

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

Do not use this space.

20469

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township _____ Primary Registration District No. 3018 Registered No. 76
 City Clinton Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth Fisher
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. G. Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hr. or _____ min.
82 | 5 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Eliza Vaughn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Birdsong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) don't know

14. INFORMANT Mrs August Crossman (Address) Clinton Mo

15. FILED June 14 1928 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____ that I last saw her alive on _____ 19____, and that death occurred, on the date stated above, at _____ m.

18. THE CAUSE OF DEATH WAS AS FOLLOWS:
Pancer of Left Side of
Face
Panceroma - I think

CONTRIBUTORY (SECONDARY) 48 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

9 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) Danuel Popue M. D.

6/10 1928 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Mount Club June 11 1928

20. UNDERTAKER _____ ADDRESS _____

Spore Son Clinton

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.

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June 10

June 11 1928

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