

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

Do not use this space.

927

1. PLACE OF DEATH

County News Registration District No. 348
 Township Osage Primary Registration District No. 4200
 City Brownington (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 332
 St. _____ Ward _____

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Jane Fisher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 1856</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>4</u>
		DAYS
		<u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	<u>Marion</u> <u>Indiana</u>	
MOTHER	13. NAME <u>Adolphus Fisher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Easter Stackhouse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion</u> <u>Indiana</u>	
17. INFORMANT (ADDRESS)	<u>Emma Jane Fisher</u> <u>Brownington Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Brownington</u> DATE <u>Jan-17 1934</u>	
19. UNDERTAKER (ADDRESS)	<u>C. E. Rickett</u> <u>Brownington Missouri</u>	
20. FILED	<u>Jan-16 1934</u> <u>C. D. Taylor, M.D.</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-16 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:
No Doctor in attend-
ance. But from history
it was heart trouble
95B.

Other contributory causes of importance:
20019

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? _____
 If so, specify _____
 (Signed) C. D. Taylor, M. D.
 (Address) Brownington, 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.

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

FEB 27 1934
 72
 1-22

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