

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

Do not use this space.

02, 26667<sup>h</sup>

File No. 1187  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Cape Girardeau  
Township \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 125  
Primary Registration District No. 3009

**2. FULL NAME** Olivia J. Fischer

(a) Residence. No. 42.5 No. Spring 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**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

✓

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan 26 - 1928

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

0

7

2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

None

(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)

Cape Girardeau

**10. NAME OF FATHER**

Joe Fischer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Cape Girardeau

**12. MAIDEN NAME OF MOTHER**

Edith Gross

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Gordonville Mo

PARENTS

**14. INFORMANT (Address)**

Joe Fischer  
Cape Girardeau

**15. FILED**

8/29/28 W. Kauffmann  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 8/28 1928

**17. I HEREBY CERTIFY** That I attended deceased from 8/28 1928 to 8/28 P.M. 8/28 1928 that I last saw alive on 8/28 1928 and that death occurred, on the date stated above, at 10 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Interruption of  
Operation for

12520

(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** Interruption

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/28/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Max in P. R. L. L.  
Arteriosclerosis of Coronary M. D.  
(Signed) \_\_\_\_\_

, 19 (Address) Cape Girardeau Mo

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

St Marys Cem

Aug 30 1928

**20. UNDERTAKER**

**ADDRESS**

Walther Und. Co.

Cape Girardeau

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.

