

N. B.—Every item of information should be carefully studied. 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.

NOV 29 1931

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

Do not use this space.

1. PLACE OF DEATH

County CarrollTownship Hill

City

(No.

Registration District No. 139Primary Registration District No. 5200

File No.

Registered No. 11

33843

St.

Ward)

2. FULL NAME Anna Bell 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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Lee Fisher

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

June 25, 1858

7. AGE

YEARS

75

MONTHS

4

DAYS

2

If LESS than 1

day,hrs.

ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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

House wife

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Covington

Kentucky

FATHER

13. NAME Jonithan Sykes

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Bradford

England

MOTHER

15. MAIDEN NAME

Mason

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Bradford

England

17. INFORMANT

(ADDRESS)

Lee Fisher
Bogard Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sykes

DATE

10 / 28 1931

19. UNDERTAKER

(ADDRESS)

S. D. Dickerson
Bogard, Mo.

20. FILED

11-10
1931O. P. Edwards
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 27 1931

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 2 1920, to Sep 28 1931

I last saw her alive on Sep 28 1931. Death is said

to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Gangrene of Foot

Date of onset
3/1-31

Other contributory causes of importance:

Diabetes Insipidus

7/1-25

(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)

J. C. Woodman, M. D.

(Address)

Bogard, Mo.

