

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

Do not use this space.

13301

1. PLACE OF DEATH

County Wayne Registration District No. 570
Township Hilltop Fork Primary Registration District No. 4339
City Sipton (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Amandus P. Fitcher
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1851

7. AGE YEARS 80 MONTHS 5 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herringsburg MO

13. NAME Casper Fitcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herringsburg

15. MAIDEN NAME Clara Boyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herringsburg

17. INFORMANT Mrs. Flora Fitcher
(ADDRESS) Sipton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner Sipton Mo DATE 10-10-1932

19. UNDERTAKER Jessie E. Richards
(ADDRESS) Sipton Mo

20. FILED 7-8 1932 Mrs Sarah Fitcher
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6-1932 to 4-8-1932

I last saw him alive on 4-8-1932 Death is said

to have occurred on the date stated above, at 11:50 m.

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

Broncho Pneumonia

107A / 107A

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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. B. Norman, M. D.

(Address) Sipton 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.

MAY 26 1932

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

