

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

Do not use this space.

12125

1. PLACE OF DEATH

County Vernon

Registration District No. 875

File No.

Township

Primary Registration District No. 3039

Registered No. 85

City Neveda

St. Ward)

2. FULL NAME

Emmeline Leonard Fisher

(a) Residence, No. 600 N. Allison St., 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 John M Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 9 23

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

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) Jan 1 1925 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Co. Indiana

13. NAME Bailey Leonard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Freindla Means

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

17. INFORMANT (ADDRESS) Denver White
Neveda Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemet DATE March 31 1933

19. UNDERTAKER (ADDRESS) Ferry Funeral Home
Neveda Mo

20. FILED 4/5-33 E. D. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1933

22. I HEREBY CERTIFY That I attended deceased from March 30 1933 to March 30 1933

I last saw her alive on March 30 1933 Death is said

to have occurred on the date stated above, at 9 a. m.

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

Cancer of face Date of onset ?
502
53

Other contributory causes of importance: advanced age

Name of operation none 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?

Where did injury occur?

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. T. Love, M. D.
(Address) Neveda Mo

WRITE PLEASE WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 24 1933

2
2
2

