

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

Do not use this space.

1. PLACE OF DEATH

County Cooper Registration District No. 221
 Township Ottumville Primary Registration District No. 5302
 City (No.) St. Ward)

File No. 19927

Registered No.

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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 1

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

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

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) Pennsylvania

13. NAME Wm Risher

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

15. MAIDEN NAME Jane Gibson

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

17. INFORMANT Oliver Risher

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottumville DATE 6/30 19..

19. UNDERTAKER (ADDRESS) J. H. Spriggs
Ottumville

20. FILED 19.. Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1930 to 6-19 1934

I last saw him alive on 6-19 1934 Death is said

to have occurred on the date stated above, at 7 P. m.

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

arterio sclerosis Date of onset 52

Other contributory causes of importance 97

100 97

Hypertension essential

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

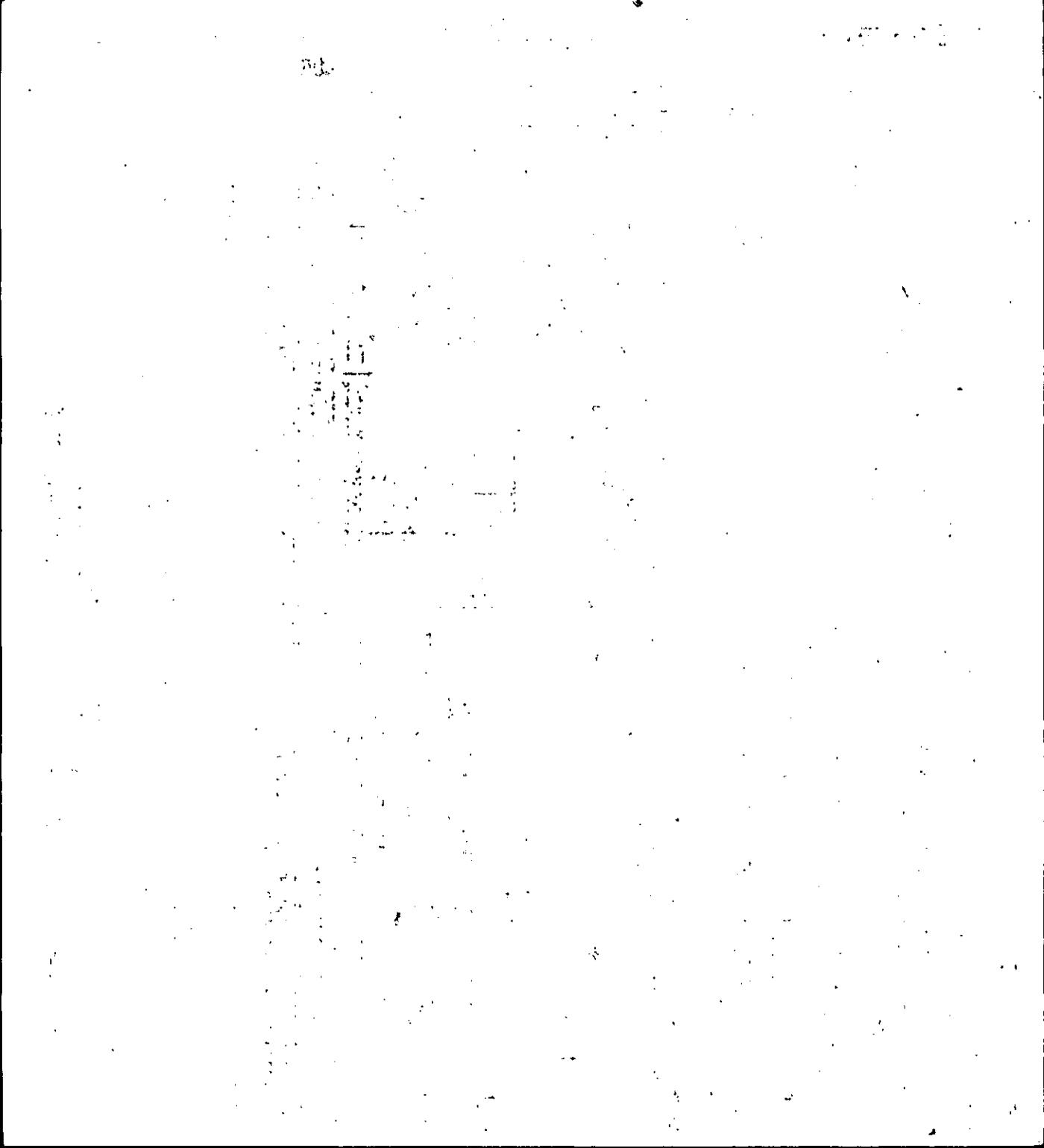
(Signed) John H. Fogle M. D.

(Address)

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.

AUG 8 1934

22 22 22



#2 Cooper.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Oliver Risher
Who died at _____ on 6-19-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____
Date of birth _____ Age: Years 90 Months 1 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____

Address of physician _____
Signature of Registrar [Signature] (Date filed 8/6-34)

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 221

Very truly yours,

Primary Reg. Dist. No. 5302

E. T. McGaugh, M.D.
Special Agent.

