

SEP 21 1936

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

Do not use this space.

26042

1. PLACE OF DEATH

County Copper
Township Lebanon
City Otterville, Mo (No. 76)

Registration District No. 22
Primary Registration District No. 58 4134

File No.
Registered No.
St. Ward)

2. FULL NAME

Esther Charlotte Risher

(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 38 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 7, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) New York State

10. NAME OF FATHER Rolland Hitchcock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York State

12. MAIDEN NAME OF MOTHER Lucy Nelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Allie Risher
(Address) Otterville, Mo

15. FILED 9/16 1936 P. H. Fogle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/21 1936

17. I HEREBY CERTIFY, That I attended deceased from 9/4 36
19..... to 7/21 1936
that I last saw her alive on 7/21 36, 19....., and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Heart Valvular Disease

(duration) 3 yrs. mos. da.
CONTRIBUTORY Heart Prostitution
(SECONDARY)

(duration) yrs. mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. H. Fogle M. D.

, 19 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Otterville, Mo DATE OF BURIAL July 1936

20. UNDERTAKER Parker Funeral Home ADDRESS Otterville Mo.

