

SEP 16 1938

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

20668
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscott Registration District No. 11500
 (b) Township Little River Primary Registration District No. 5512 Registered No. _____
 (c) City Peach Orchard Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Opal Arine Fisher 216

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1935
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 10 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 19 38
 22. I HEREBY CERTIFY, That I attended deceased from Aug 30 19 38 to Sept 1 19 38
 I last saw him alive on Aug 30 19 38 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Malaria P. f. vivax Date of onset 35
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Chinook Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peach Orchard Mo
 FATHER 13. NAME Charley Fisher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peermoo Mo
 MOTHER 15. MAIDEN NAME Daisy Croftree
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peermoo Mo
 17. INFORMANT (ADDRESS) Charley Fisher Peach Orchard
 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Sept 1938
 19. FUNERAL DIRECTOR (ADDRESS) Grubbell Mo
 20. FILED _____ 19 _____ Local Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 19 _____
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? P
 If so, specify _____ (Signed) B. B. Gibson, M. D.
 590 (Address) Gibson 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29668
Do not use this space.

1. PLACE OF DEATH

(a) County Leopold Registration District No. 1099
 (b) Township Little River Primary Registration District No. 5868 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Opal Irene Fisher

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 to Sept 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1935

I last saw him alive on Aug 20, 1938 Death is said to have occurred on the date stated above at 10 p. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
2 10 14

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

malaria fever
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beach Orchard Mo

Other contributory causes of importance: _____

FATHER
 13. NAME Charley Fisher

Name of operation none Date of _____

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

What test confirmed diagnosis clinical Was there an autopsy? no

MOTHER
 15. MAIDEN NAME Daisy Crabtree

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____
 Where did injury occur? no
 (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Charley Fisher Beach Orchard Mo

Manner of injury none
 Nature of injury none

18. BURIAL, CREMATION, OR REMOVAL PLACE Stapfeld DATE Sept 2, 1938

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

19. FUNERAL DIRECTOR (ADDRESS) Andrus Campbell Mo

(Signed) B. E. Ellis, M. D.

20. FILED 10-10, 1938 J. J. Cray Local Registrar

(Address) Gideon Mo

REGISTRARS SMALL FEE RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENTS OF OCCURRENCE ARE VERY IMPORTANT.

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