

FILED MAY 2 1940

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

16303
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelbourn 2 Registration District No. 834
 (b) Township Pike 0 Primary Registration District No. 6097
 (c) City Bell City (d) Street No. _____ St. _____
 (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 260 Rachel 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

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1925
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 8 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, store, etc. School Girl
 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) Bell City, Mo.
 FATHER 13. NAME Jeff Fisher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bell City, Mo.
 MOTHER 15. MAIDEN NAME Ruth Osborne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gadddard Co.
 17. INFORMANT (ADDRESS) Jeff Fisher
Bell City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bell City, Mo. DATE April 19, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stubb's Funeral Home
Cherokee Mo. Stubb's
 20. FILED 4/24 1940 D.S. McGeo
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18 1940
 22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1940, to 4/18, 1940.
 I last saw him alive on 4/18, 1940. Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:
St Vitus Dance Date of onset _____
accompanied by a very fever
fever during the last week of
their sickness. This fever
probably was malarial
 Other contributory causes of importance: Jamaica
 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) O. Berne M. D.
 (Address) Bell City, 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.

WHILE FURNISHING WITH "ON-APPOINTING" INK—THIS IS A PERMANENT RECORD

X-14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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

If this body is not embalmed, above space should be left blank.